



Code of Conduct

Banner Health Mission, Values, and Purpose

Our Nonprofit Mission

Making health care easier, so life can be better.

Our Values

- Customer obsessed
- Relentless improvement
- Courageously innovate
- Disciplined focus
- Foster accountability
- Continuously earn trust

Our Purpose

Banner can and will create a new model that answers America's health care challenges today and in the future.

Inspired to change the health care landscape in our communities – big and small – our talented and passionate teams care deeply about individuals who are responsible for the needs of their extended families.

Taking access and delivery from complex to easy, from costly to affordable and from unpredictable to reliable, we give every individual we serve confidence in their health care experience and its outcome.



Letter from Peter Fine

Dear Team Members:

A key component of Banner's success is maintaining the highest ethical standards in everything we do. Throughout our history, we have been committed to demonstrating the reliability, honesty and integrity of a leading health care organization and a participant in Federal health care programs.

This Code of Conduct provides guidance to help ensure our work at Banner is always conducted in an ethical manner. It contains resources that allow us to make sound, ethical decisions in the workplace that are consistent with Banner's values. It is also a symbol of our commitment to "doing the right thing." Please read the Code of Conduct. If you have any questions or are unsure how to apply it, please contact your supervisor, department manager or director, Compliance Officer, the Ethics & Compliance Department, or the ComplyLine (by calling **1-888-747-7989** or online at <https://bannerhealthcomplyline.ethicspoint.com>). There will be no retaliation for asking questions, raising concerns or reporting improper conduct in good faith.

Each one of us has an essential role to play in preserving Banner's ethical culture. We make choices every day about how to conduct ourselves at work, and we must ensure that every decision is made with integrity. Working together, we can continue to build upon Banner's position as a leader in patient care and corporate responsibility.

Best regards,

Peter S. Fine, FACHE
Chief Executive Officer



Letter from David Ledbetter

Dear Team Members:

Banner has a longstanding Compliance Program. The Program was initially implemented in the 1990s and has continually expanded as Banner has acquired new facilities and areas of business. Banner's Compliance Program incorporates the seven elements that originated in the Federal Sentencing Guidelines:

- Compliance Personnel and Structure
- Compliance Documents
- Compliance Training and Education
- Reporting and Investigating
- Monitoring and Auditing
- Response and Prevention
- Enforcement and Discipline

One of the key Compliance Documents is the Code of Conduct. This Code of Conduct describes Banner's Compliance Program in greater detail. It also provides guidance on how to conduct our work and make decisions within appropriate ethical and legal standards. Finally, it serves as a resource for understanding some of the complex laws and regulations governing the health care industry. Please carefully review this Code of Conduct and seek assistance if you have any questions.

The success of Banner's Compliance Program depends upon the active participation of every Team Member. Thank you for your continuing commitment to Banner.

Sincerely yours,

David Ledbetter

Vice President, Chief Ethics & Compliance Officer



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Purpose of our Code of Conduct

At Banner Health (Banner), we strive to always act with integrity and work within the law. Banner's Code of Conduct provides guidance to board members, employees, medical staff, volunteers, students, contractors, agents and others (collectively referred to as "Team Members" in this document) to assist us in carrying out our daily activities within appropriate ethical and legal standards. Although referred to as "Team Members" throughout this Code of Conduct, those that are not employed by Banner may have different obligations depending on their relationship with Banner. Legal obligations apply to our relationships with our patients, beneficiaries, third-party payers, independent contractors, vendors, consultants and one another. These obligations require that we conduct business not only in compliance with laws and regulations, but also in an ethical manner.

This Code of Conduct is a summary of Banner's Compliance Program as well as Banner's policies regarding ethical conduct and workplace behavior. The purpose of our Code of Conduct is to provide general guidance on subjects of interest within the organization. It does not eliminate or supersede other policies. Rather, this Code of Conduct should be used in conjunction with these policies.

The standards set forth in this Code of Conduct apply to all Team Members and Banner entities.

Team Member Responsibilities

Fulfillment of Banner's commitment to the Code of Conduct is dependent upon the commitment of our Team Members. It is expected that all Team Members will:

- Comply with Banner's Compliance Program, this Code of Conduct, Banner's policies and Banner's Corporate Integrity Agreement
- Take responsibility for their own actions
- Know and comply with applicable laws and regulations, including Federal health care program requirements
- Seek guidance when in doubt about their job responsibilities
- Refrain from involvement in illegal, unethical or other improper acts
- Promptly report any potential or suspected violation of this Code of Conduct, Banner's policies or applicable laws or regulations
- When requested, assist Banner personnel and authorized outside personnel in investigating alleged violations

Banner provides Team Members with policies, training and/or other aids to help fulfill their responsibilities under the Code of Conduct.

Leadership Responsibilities

While all Team Members are obligated to follow the Code of Conduct, Banner expects leaders to set the example, to be in every respect, role models. We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful and respectful.

Each supervisor should create an environment where everyone is encouraged to raise concerns and propose ideas. Supervisors should also ensure that their teams have sufficient information to comply with laws, regulations, this Code of Conduct, Banner policies, Banner's Corporate Integrity Agreement, as well as the resources to resolve ethical dilemmas.

Banner's Corporate Integrity Agreement

In April 2018, Banner agreed to pay the United States over \$18 million to settle allegations that 12 of its hospitals in Arizona and Colorado admitted patients for medical treatment who should have been treated on an outpatient basis. The settlement resolved a 2013 lawsuit filed in the United States District Court for the District of Arizona under the qui tam or whistleblower provisions of the False Claims Act. As part of the settlement, Banner entered into a Corporate Integrity Agreement (CIA) with the U.S. Department of Health and Human Services Office of Inspector General (OIG).

Under the CIA, Banner must maintain – and in some cases expand – its Compliance Program to meet the CIA requirements. Fortunately, Banner already had an established Compliance Program that met many of the requirements in the CIA. However, certain changes – including new compliance personnel, policies, procedures and processes – were implemented.

Non-compliance with CIA requirements can result in serious consequences, including monetary penalties and exclusion from participation in Federal health care programs. Therefore, it is very important that Banner and all Team Members comply with CIA requirements. The CIA – as well as an executive summary – are available on the Ethics & Compliance Department's intranet website.

Banner's Compliance Program

Program Structure

Banner created the Compliance Program to reinforce Banner's commitment to conducting its business with integrity. Through its Compliance Program, Banner maintains a culture that promotes the prevention, detection and resolution of conduct that does not conform to laws, regulations, Banner policies and/or this Code of Conduct. Banner's Compliance Program is described below.

Compliance Personnel and Structure

The Chief Ethics & Compliance Officer (David Ledbetter) manages the Ethics & Compliance Department and oversees Banner's Compliance Program. The Chief Ethics & Compliance Officer reports directly to Banner's Chief Executive Officer and the Audit Committee of the Banner Health Board of Directors. The Ethics & Compliance Department provides the day-to-day implementation, oversight and enforcement of Banner's Compliance Program. Among other duties, the Ethics & Compliance Department:

- Develops compliance policies
- Creates and implements compliance training programs
- Researches and investigates compliance issues (including ComplyLine cases)
- Provides advice on coding, billing, regulatory, and other compliance matters
- Assists with monitoring activities
- Conducts compliance audits and internal investigations
- Oversees Banner's response to government audits and investigations

The Ethics & Compliance Department also has designated Compliance Officers who are responsible for overseeing the Compliance Program in each of their respective areas. These areas include hospitals, provider groups, ancillary service areas, research, corporate, and Banner's Insurance Division. These Compliance Officers are responsible for operating the Compliance Program at their specific entities.

Compliance committees provide operational leaders with opportunities to advise and assist compliance personnel with the implementation and oversight of Banner's Compliance Program.

Compliance Documents

With respect to our Compliance Program, Banner sets standards primarily through this Code of Conduct and compliance policies. The Code of Conduct is a guide to the overall conduct of operations, whereas compliance policies provide guidance on specific topics and business activities.

Compliance policies are available on the intranet website.

Compliance Training and Education

Compliance training and education is mandatory at Banner. Team Members receive training on Banner's CIA requirements, Banner's Compliance Program and applicable Federal health care program requirements when they first begin working at Banner, when significant changes occur and annually thereafter. In addition, specialized training in areas of compliance risk (e.g., quality, coding, billing, cost reporting, health plan specific requirements and referral source arrangements) may be required of certain individuals based upon their role in the organization. Team Members who fail to complete compliance training may be subject to corrective action or sanctions.

Most compliance training and education is provided and monitored through MyHR | Workday.



Reporting and Investigating

All Team Members are required to immediately report "Potential Compliance Issues," which are defined as any suspected or actual violations of this Code of Conduct, Banner policies, and laws and regulations relating to Federal health care programs. Potential Compliance Issues include, but are not limited to, fraud, waste and abuse.

To obtain guidance on or report a Potential Compliance Issue, Team Members may choose from several avenues, including their supervisor, department manager or director, Compliance Officer, the Ethics & Compliance Department, or the ComplyLine.

The ComplyLine is Banner's confidential hotline; it is hosted by a company independent of Banner. The ComplyLine can be contacted at any time by calling **1-888-747-7989** or online at <https://bannerhealthcomplyline.ethicspoint.com>. Team Members do not have to disclose their names and, if requested, anonymity will be maintained to the extent possible and in accordance with applicable laws.

Banner prohibits retaliation against any Team Member who seeks help or who reports a Potential Compliance Issue in good faith. Anyone who retaliates or encourages others to do so will be subject to corrective action, up to and including termination of employment or contractual relationship with Banner. Team Members who deliberately make false accusations to harm or retaliate against other Team Members are subject to discipline.

Monitoring and Auditing

An effective compliance program requires the use of audits and other evaluation techniques to monitor compliance and assist in the resolution of identified issues. At Banner, monitoring activities are primarily performed by operational personnel with the assistance of the Ethics & Compliance Department. Operational personnel can identify the risk areas within their operations, develop appropriate controls and policies and monitor whether those controls and policies are implemented and followed.

In contrast to monitoring activities, auditing is performed by the Ethics & Compliance Department or by external auditors acting under the Department's direction. Audit activities are planned and prioritized using a risk assessment and considering a variety of factors, including prior audit results; recent investigations, litigation and settlements; compliance complaints; and government activities. The resulting audit plan is brought to the relevant Board or Board Committee for approval. In addition to these planned audits, special audits may be conducted in response to identified issues, inquiries or requests.

Response and Prevention

Banner is committed to investigating all reported issues promptly and confidentially to the extent possible. The Ethics & Compliance Department investigates reported Potential Compliance Issues. If a reported issue is related to a business area such as patient privacy, human resources or risk management, it is referred to the appropriate department for investigation. Team Members are required to participate fully and honestly in all Potential Compliance Issue investigations. Failure to do so may result in corrective action, up to and including termination.

The Ethics & Compliance Department coordinates any findings from investigations of Potential Compliance Issues and recommends corrective actions. These may include revising policies and procedures, providing education, making prompt restitution of any overpayments, notifying the appropriate governmental agency, instituting the necessary corrective action and assisting and monitoring the implementation of systemic changes to prevent similar violations from reoccurring in the future.

Enforcement and Discipline

Team Members who knowingly violate Banner's Code of Conduct, compliance policies, laws and regulations related to Federal health care programs or any other aspect of Banner's Compliance Program may be subject to appropriate corrective action, up to and including termination of employment or contractual relationship with Banner.

In addition, if Banner becomes aware that an individual or entity is excluded or ineligible to participate in Federal health care programs, Banner will, at a minimum, remove the individual or entity from responsibility for, or involvement with, Banner's business operations related to any Federal health care program(s) from which the individual or entity has been excluded, debarred, suspended or otherwise declared ineligible.



Interactions with the Government

Investigations and Audits

Government investigations and oversight activities are common in health care and procedures for cooperating with these investigations may be complex. While many oversight activities may be scheduled, if any person approaches Team Members and identifies himself or herself as a government investigator or auditor, they should immediately contact their supervisor and the Ethics & Compliance Department.

The supervisor will notify Administration. The Ethics & Compliance Department will assist in verifying the investigator's credentials, determining the legitimacy of the investigation, following proper procedures for cooperating with the investigation and notifying the Legal Department if necessary.

In some cases, government investigators or persons presenting themselves as government investigators may contact Team Members outside of the workplace or during non-work hours. While Team Members have the right to speak to such a person, they should not feel pressured to do so. Team Members may first want to contact a Compliance Officer, the Ethics & Compliance Department, or the Legal Department. Team Members have the right to refuse to talk to the person as well as the right to have an attorney or a Banner representative present if they decide to speak with the government investigator.

Many government audits or oversight activities begin with a written notification by email, letter or fax or a phone call rather than an in-person visit by a representative. If a Banner entity receives a letter from a State or Federal agency requesting information for an audit, Team Members should date-stamp the letter with the date received and immediately contact a supervisor and the Ethics & Compliance Department. Similarly, if a Banner entity receives a subpoena or other written request for information (such as a Civil Investigative Demand), Team Members should immediately contact a supervisor and the Ethics & Compliance Department before responding.

Team Members must never:

- Destroy or alter any information in anticipation of a request for a document or record by a government agency or court
- Lie or make false or misleading statements to any government investigator
- Attempt to persuade anyone to provide false or misleading information to a government investigator or auditor
- Refuse to cooperate with a government investigation or audit

Accreditation and Surveys

Banner deals with all accreditation bodies in a direct, open and honest manner. No action is taken in relationships with an accreditation body to mislead the accreditor or its survey teams either directly or indirectly.

In any case where Banner determines to seek any form of accreditation, all standards of the accreditation body are important and must be followed. If Team Members are aware of any noncompliance with accreditation standards or misstatements to the accreditation body, they must report them immediately to Banner's Regulatory Program.





Patient Relationships

Quality of Care

Banner strives to provide high quality, cost-effective health care to all patients. We are committed to the delivery of safe, effective, efficient and compassionate patient care. We treat all patients with warmth, respect, dignity and provide care that is both necessary and appropriate. We never distinguish among patients based on race, ethnicity, religion, gender, gender identity or expression, sexual orientation, national origin, age, disability, veteran status or other characteristic protected by law.

Healthcare is a service industry, and teamwork and collaboration are essential to providing excellent service and solving problems — no matter how big or small.

We work together to achieve the common goal of serving our patients.

Patient Rights

Banner also strives to ensure that patients and/or their representatives have the information necessary to exercise their rights. Team Members receive training regarding patient rights in order to clearly understand their role in supporting those rights. Some of those rights are discussed below.

Banner acknowledges and promotes the patient's right to make free and informed decisions regarding their medical treatment. We seek to involve patients in all aspects of their care, including giving consent for treatment and making healthcare decisions. As applicable, each patient or patient representative is provided with a clear explanation of care including, but not limited to, diagnosis, treatment plan, right to accept or refuse care and an explanation of the risks, benefits and alternatives associated with available treatment options. Patients also have the right to request transfers to other facilities; in such cases, the patient is given an explanation of the benefits, risks, and alternatives of the transfer.

Patients have the right to execute advance directives and to have Team Members comply with those directives. Team Members are expected to take reasonable steps to determine the patient's wishes concerning the designation of a representative to exercise the patient's rights.

Patients have the right to file a grievance. Banner maintains processes for prompt resolution of patient grievances, which include informing patients whom to contact regarding grievances and providing written notice to patients following the investigation of the grievances.

Patient Confidentiality

We collect information about the patient's medical condition, history, medication and family illnesses in order to provide quality care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Banner policies, we do not use, disclose or discuss patient-specific information (including patient-financial information) with others unless it is necessary to serve the patient or is permitted or required by law.

Additional information about HIPAA is provided in the Applicable Legal Requirements Section.

Business Transactions with Patients

We understand that close relationships form between patients and their healthcare providers. However, Team Members must avoid conducting business transactions with patients that may result in actual or potential conflicts of interests. For similar reasons, Team Members should not use their own money to buy gifts or items for patients. We do not want our patients to think they will receive better or worse care if they have personal relationships or outside business arrangements with their healthcare providers. We strive to have open, objective relationships with our patients.

Health Plan Member Relationships

Banner also tries to ensure that Health Plan Members (HP Members) and/or their representatives have the information necessary to exercise their rights. Team Members receive training about HP Member rights in order to clearly understand their role in supporting those rights. Some of those rights are discussed below.

Member Rights

Banner acknowledges that HP Members have the right to have full information from both providers – including explaining medical conditions and treatment options – and from their Health Plan, provided in a way that the HP Member can understand. In addition, when able to make their own healthcare decisions HP Members have the right to fully participate in those decisions or to give someone the legal authority to make those decisions. HP Members have the right to execute advance directives and to have Team Members comply with those directives. Team Members are expected to take reasonable steps to determine the HP Member's wishes concerning the designation of a representative to exercise the Member's rights.

HP Members, or their representatives, also have the right to file grievances to ask a Health Plan to reconsider coverage decisions, the right to raise concerns about discrimination or concerns about being treated unfairly or without respect. Team Members are expected to take reasonable steps to respond to such issues as required by law and Banner policy.

Member Confidentiality

Just as with patients treated by Banner facilities and providers, Banner Health Plans collect information about HP Members and their medical condition, history, medication and family illnesses in order to provide appropriate coverage. Banner recognizes the sensitive nature of this information and is committed to maintaining its confidentiality. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Banner policies, Banner and its Team Members do not use, disclose or discuss HP Member-specific information (including HP Member financial information) with others unless it is necessary to serve the HP Member or is permitted or required by law.

Additional information about HIPAA is provided in the Applicable Legal Requirements Section.

Physician and Other Provider Relationships

Interactions with Physicians and Other Providers

Facilities owned and operated by Banner reflect a collaboration between those who perform non-clinical functions and those who perform clinical functions. As with any collaboration, each party has important roles and responsibilities. Banner is committed to providing a supportive and respectful work environment for all Team Members, including our physicians and other providers who practice in our entities.

All business arrangements with physicians and other providers must be structured to ensure compliance with legal requirements and, where appropriate, set forth expectations regarding compliance with laws, regulations, Banner's CIA, this Code of Conduct, and applicable Banner policies.

Two overarching principles govern our facility interactions with physicians and other providers:

- **We do not pay for referrals.** We accept patient referrals and admissions based on patients' medical needs and our ability to render the needed services. We do not directly or indirectly give or offer anything of value in exchange for patient referrals as that would be a violation of the law.
- **We do not accept payment for referrals or authorizations to accept patients.** No Team Member or any person acting on Banner's behalf is permitted to directly or indirectly solicit or receive anything of value in exchange for a patient referral or authorization to accept a patient. The acceptance of any such remuneration would be a violation of the law.

Violation of these principles may have serious consequences for Banner and the individuals involved, including civil and criminal penalties and possible exclusion from Federal health care programs.

Qualified to Provide Care

Only physicians and other providers who have the necessary training and are properly credentialed will be permitted to provide patient care services at Banner.

Business Courtesies and Tokens of Appreciation

Any entertainment, gift or token of appreciation offered to physicians or other providers who are in a position to refer patients to Banner must comply with all applicable laws and regulations. Team Members must consult Banner policies and/or the Ethics & Compliance Department prior to offering any business courtesy or token of appreciation to a potential referral source.

Any items of value provided to physicians or other providers who are associated with Banner's Accountable Care Organizations (ACO) must meet the requirements of those federal programs.



Business and Financial Information

Accuracy, Retention and Disposal of Documents and Records

Team Members are responsible for the integrity and accuracy of Banner's documents and records. Team Members must not only comply with regulatory and legal requirements but must also ensure that documents and records are available to support our business practices. No one may falsify information on any document or record.

Medical records must provide reliable documentation of the services we render. It is important that all Team Members provide accurate information in the medical record and do not destroy or alter any information considered part of the official medical record. Team Members must make every effort to ensure that medical record entries are clear and complete and reflect exactly the care that was provided to a patient.

Records related to Managed Care activities must provide reliable documentation of the activities Banner is contracted to provide. Destruction and alteration can only be accomplished as per written policy and in accordance with relevant regulatory and sub-regulatory requirements.

Banner documents and records are retained in accordance with the law and our record retention policy. Our policy applies to paper documents such as letters and memos; computer-based information such as email or computer files; and any other medium that contains information about the organization or its business activities.

Coding, Billing and Claim Payment Services

Banner strives to ensure that our bills and claims payment activities meet Federal health care program requirements, and we prohibit any employee or agent of Banner from knowingly presenting or causing to be presented claims for payment or approval which are false, fictitious, or fraudulent.

Banner submits accurate claims and pays claims that are supported by documentation in the medical record. Services must be accurately and completely coded to ensure proper billing or payment and medical record documentation must support all services. Banner has policies relating to the timely completion of medical record documentation by providers to support billing. All Banner providers should be aware of policies on completing and authenticating medical records.

Banner has implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers, and patients. In addition, Banner also has policies and procedures related to making accurate payments to providers who submit claims to Banner's Insurance Division. These policies, procedures, and systems conform to pertinent Federal and State laws and regulations. Specialized training may be required for Team Members who have responsibility for entering charges or paying claims.

If Team Members suspect that improper coding and/or billing is occurring or improper claims have been submitted or paid, they should discuss the issue with their supervisor, department manager or director, Compliance Officer, the Ethics & Compliance Department or contact the ComplyLine.

Banner Proprietary Information

While working at Banner, Team Members may acquire knowledge and information relating to trade secrets, commercially sensitive information and financial information about Banner. In addition, Team Members may create or develop systems, procedures, software and/or processes. These are all confidential, the property of Banner, and may not be disclosed for a purpose unrelated to Banner business without prior written authorization from senior management or a written agreement. Examples of proprietary information include:

- Business programs or projections
- Wage and salary data
- Customer or patient lists
- Merger or acquisition agreements
- Litigation materials or information prepared in anticipation of litigation
- Physician and hospital agreements
- Unusual or sensitive management developments

Proprietary information should only be accessed by or given to other Team Members who have a legitimate need to know the information within the scope of their job duties.

Cybersecurity

Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that Team Members adhere to our cybersecurity policies and standards. Team Members are only allowed to use the account assigned to them and cannot share or disclose it with anyone else. They must safeguard their passwords and any other forms of authentication. Team Members must never use tools or techniques to break or exploit Banner cybersecurity measures or those used by other companies or individuals.

Portable computer devices such as laptops are targets for theft. They should be stored in secure locations when not in use. Access to these devices should be password protected. Banner information should be stored on network servers where data is backed up regularly.

Team Members must protect patient and Banner proprietary information when it is emailed outside Banner; stored or posted on an internal app; sent through the Internet; stored on approved portable devices such as laptops, tablets and mobile phones; or transferred to approved removable devices. Team Members must be extremely careful in the use of social media and the Internet to never inappropriately disclose patient or Banner proprietary information. Team Members having access to email and the Internet should follow all policies relating to their proper usage.

Team Members should immediately report any potential security breaches to the Cybersecurity Department.

Electronic Media

All Banner communication systems – including, but not limited to, computers, email, Intranet, Internet, apps and telephones – are the property of the organization and are to be used primarily for business purposes and in accordance with Banner policies and standards. Limited reasonable personal use of Banner communication systems is permitted; however, users should assume those communications are not private. Users of Banner communication systems should presume no expectation of privacy in anything they create, store, send or receive on these systems, and Banner reserves the right to monitor and/or access usage and content consistent with Banner policies.

Team Members may not use Banner devices or Banner communication systems to view, post, store, transmit, download, or distribute any threatening materials; knowingly, recklessly or maliciously false materials; obscene materials; or anything constituting or encouraging a criminal offense, giving rise to civil liability or otherwise violating any laws. These systems also cannot be used to send chain letters, personal broadcast messages or copyrighted documents that are not authorized for reproduction.

Team Members who abuse our communications systems or use them excessively for non-business purposes may be subject to disciplinary action.

Financial Records and Reporting

Banner has established and maintains a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to Team Members, patients, physicians, suppliers, donors and others. They are also necessary for compliance with tax and financial reporting requirements.

All financial information must reflect actual transactions and conform to generally accepted accounting principles (GAAP). Banner maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets. Financial reports fairly and consistently reflect Banner's performance and accurately disclose the results of operations.

Medicare Fee-for-Service Cost Reports

Banner complies with Federal and State laws, regulations and guidelines relating to cost reports. These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries. All issues related to the preparation, submission and settlement of cost reports must be performed by or coordinated with the Reimbursement Services Department.

Applicable Legal Requirements

False Claims Act

The Federal False Claims Act (FCA) makes it a crime for any person or organization to knowingly create a false record or file a false claim with the government for payment. A false claim is an attempt to obtain payment by presenting false or misleading information related to the claim. "Knowing" means not only actual knowledge of the falsity of the information but also deliberate ignorance or reckless disregard for the truth or falsity of the information. No specific intent to defraud the government is required.

Under certain circumstances, an inaccurate Medicare or Medicaid claim could become a false claim. Examples of possible false claims in the healthcare context include, but are not limited to, the following:

- Billing for services or supplies that were not provided
- Misrepresenting services actually provided such as assigning a code for a more complicated procedure than actually performed (upcoding)
- Dividing a procedure or service typically billed as one procedure into multiple parts (unbundling)
- Duplicate billing for services rendered
- Falsely certifying that services were medically necessary
- Falsely certifying that an individual meets the Medicare requirements for home health or any other service
- Providing services that were not ordered by a physician or another provider
- Billing for services that were provided at a sub-standard quality

Penalties are severe for violating the FCA. Individuals and entities are subject to significant civil penalties per false claim (adjusted annually for inflation), plus three times the value of the false claim. Violation of the FCA may also lead to exclusion from participation in Federal health care programs.

A person called a relator (or whistleblower) who knows that a false claim was filed for payment can file a lawsuit in Federal court on behalf of the government and, in some cases, receive a percentage of the money recovered as a reward for bringing original information about a violation to the government's attention. The FCA protects a relator from being fired, demoted, threatened or harassed by their employer for filing the FCA lawsuit. If an employee is harmed by his/her employer, the employee may file a retaliation lawsuit against that employer in Federal court and is entitled to reinstatement, two times the amount of back pay and compensation for any special damages as a result of the discrimination (such as litigation costs and reasonable attorneys' fees).

Deficit Reduction Act

The Deficit Reduction Act of 2005 (DRA) contains specific provisions aimed at reducing Medicaid fraud and abuse and applies to all healthcare providers receiving at least \$5 million in annual Medicaid payments. The DRA also encourages States to enact legislation that is comparable to the FCA to have consistent enforcement throughout the country. Under the DRA, States may keep an additional 10% of any recoveries obtained if they have a State law that:

- Establishes liability for the same types of false claims prohibited under the FCA;
- Contains incentives that are at least equal to the Federal whistleblower incentives;
- Provides for qui tam lawsuits to be filed under seal; and
- Provides for civil penalties at least as high as the Federal penalties.

Regardless of whether they qualify for an incentive, all States in which Banner operates have laws similar to the FCA as well as laws that prohibit fraudulent or deceptive behavior. Arizona, for example, has laws that forbid activities such as (a) theft, (b) forgery, (c) fraudulent schemes, artifices, and practices, and (d) concealing the same. Ariz. Rev. Stat. §§ 13-1802, 13-2002, 13-2310, 13-2311. Arizona also specifically requires providers to report fraud and abuse. Ariz. Rev. Stat. §§ 36-2918, 36-2918.01.

Physician Self-Referral Law

The Physician Self-Referral (Stark) Law prohibits a physician from referring Medicare patients for designated health services (DHS) to an entity with which the physician (or immediate family member) has a financial relationship, unless a specific exception applies. The law also prohibits the entity that is providing the DHS from submitting claims to Medicare for services resulting from a prohibited referral from the physician.

Key terms:

- “DHS” include inpatient or outpatient hospital services, most clinical laboratory services, most radiology imaging services, durable medical equipment, home health, physical therapy, occupational therapy, speech language therapy, parenteral and enteral nutrients, prosthetics and orthotics, and outpatient drug prescriptions.
- “Referral” is broadly defined to include requests, orders, certifications, and re-certifications by physicians that include DHS.
- “Financial relationship” includes both ownership and compensation arrangements and includes almost any type of remuneration in cash or in kind, direct or indirect.

To comply with the Stark Law, Team Members should work with the Legal Department and/or Ethics & Compliance Department to ensure that physicians arrangements fall within an exception. Some common exceptions are:

- Office and equipment leases
- Personal services arrangements (contracts)
- Recruitment arrangements
- Medical staff incidental benefits
- Nonmonetary items and services up to an annual limit
- Donation of electronic health record items and services

Each exception has several requirements — all requirements of an exception must be met or the arrangement does not comply with the Stark Law. Good or bad intent does not matter. If there is a financial relationship with a referring physician, the relationship must satisfy an exception — even if the arrangement has nothing to do with Medicare patients.

Examples of Stark Law violations are a non-employed physician providing services without a contract or occupying hospital space without a lease agreement.

Penalties for violating the Stark Law may include an obligation to refund money, civil monetary penalties (adjusted annually for inflation) for each violation as well as any circumvention scheme, a civil assessment up to three times the amount claimed, exclusion from participation in Federal health care programs and liability under the FCA.

In general, these Stark requirements apply across Banner but under certain circumstances, some activities are permitted by the federal government when they involve Accountable Care Organizations (ACO) and the contracts related to ACO activities. Questions about Stark and ACO activities should be directed to the Legal Department.

Anti-Kickback Statute

The Anti-Kickback Statute (AKS) is a criminal statute that prohibits knowingly and willfully offering, paying, soliciting or receiving anything of value, in cash or in kind, to induce referrals for items or services for which payment may be made under a Federal health care program. This law applies to relationships among various providers — not just physicians and hospitals. Team Members should never tie compensation or other remuneration to referrals or potential referrals by providers to Banner, and they should never solicit or receive any compensation or benefit that is tied to the referral of business to a provider.

Certain business arrangements may be acceptable under the AKS if they satisfy safe harbors. Examples of those safe harbors include, but are not limited to:

- Investments in ambulatory surgery centers
- Personal services and management contracts
- Certain leases
- Certain managed care arrangements
- Discounts (e.g., for purchases from vendors and group purchasing organizations)
- Arrangements with bona fide employees

All the elements of the safe harbor must be satisfied in order to qualify; however, unlike the Stark Law, if an arrangement falls outside the safe harbor, it is not necessarily noncompliant but must be evaluated on a case-by-case basis.

An example of an AKS violation includes a facility paying a physician or a nursing home for referring patients to the facility.

Violations of the AKS may result in criminal and/or civil penalties. Criminal penalties may include fines up to \$25,000 per violation and up to a 5-year prison term per violation. Civil penalties may include civil monetary penalties (adjusted annually for inflation) for each violation, a civil assessment up to three times the amount of the kickback, exclusion from participation in Federal health care programs and liability under the FCA.

In general, these AKS requirements apply across Banner but under certain circumstances, some activities are permitted by the federal government when they involve Accountable Care Organizations (ACO) and the contracts related to ACO activities. Questions about AKS and ACO activities should be directed to the Legal Department.

Health Insurance Portability and Accountability Act

Team Members must preserve the privacy and security of protected health information (PHI) in accordance with all applicable laws, including, but not limited to, HIPAA. Banner has developed and implemented specific HIPAA policies which address:

- **Right to Privacy:** Banner patients have certain rights regarding the privacy and confidentiality of their PHI. Banner will limit the use and access to PHI as permitted or required by law and Banner policies. Team Members and other persons subject to Banner policies may only access PHI as necessary to perform their job functions.
- **Patient Rights:** Banner patients have certain rights related to their PHI, and all Team Members will comply with Banner policies regarding those rights.
- **Provision of Notice:** As required by law, a Notice of Privacy Practices describing how Banner uses and discloses PHI is made available to Banner patients.
- **Privacy Officer:** Banner has a Chief Privacy Officer who is responsible for the development and implementation of HIPAA policies.
- **Education:** Banner is committed to providing education on HIPAA to Team Members.

Unlawful access, use, or disclosure of PHI may be reportable to the patient, government agencies and, in some cases, to the media. Violations of HIPAA may result in civil and/or criminal penalties, including a range of civil monetary penalties, fines and up to 10 years in jail.

Team Members should contact the HIPAA Privacy Office to report a privacy or security incident or if they have any questions about the permissible use or disclosure of PHI.

Emergency Medical Treatment and Labor Act

Banner complies with the Emergency Medical Treatment and Labor Act (EMTALA), which requires Medicare-participating hospitals to screen patients for an emergency medical condition and, if one exists, to provide stabilizing treatment, regardless of the patients' ability to pay. EMTALA applies not only to patients in the emergency department and obstetrical department but also to individuals anywhere on the hospital's campus who have a medical condition that a prudent layperson would believe is an emergency medical condition. In an emergency situation or if the patient is in labor, Banner will not delay the medical screening examination and necessary stabilizing treatment in order to seek financial and demographic information.



Banner also does not transfer patients with emergency medical conditions based only on their ability or inability to pay or any other discriminatory factor. Patients with emergency medical conditions are only transferred to another facility at the patient's request or if a physician certifies that the benefits of transfer outweigh the risks. Physician certification is appropriate where the patient's medical needs cannot be met at the Banner facility (e.g., we do not have the capacity or capability), and appropriate care is available at another facility that has accepted the patient.

Penalties for violating EMTALA include civil monetary penalties (adjusted annually for inflation) and exclusion from participation in Federal health care programs. Responsible physicians — which includes treating physicians as well as on-call physicians who failed to appear within a reasonable time at the hospital to provide services — also face civil monetary penalties and exclusion under EMTALA.

Antitrust Laws

Banner complies with antitrust laws in our dealings with competitors and customers. Antitrust laws and other laws governing competition are designed to promote and protect free, lawful and fair competition in the marketplace. These laws apply to conduct at all levels of an organization. In general terms, antitrust and other laws governing competition require Banner to compete on an individual basis rather than join with other companies or competitors in agreements to restrict competition.

Generally, antitrust laws prohibit:

- Abuse of market power to engage in unfair price discrimination and other forms of unfair methods of competition;
- Abuse or exchange of intellectual property or confidential or proprietary business information with competitors; and
- Agreements or actions with competitors that restrain trade in some way or are inconsistent with concepts of free, open, and fair competition;
- Transactions that may lessen competition or tend to create a monopoly, a dominant position in the market, or market power.

Failure to comply with the antitrust laws could lead to criminal and civil penalties for Banner and Team Members personally, significant business disruptions and harm to Banner's reputation. Team Members should discuss any concerns regarding a particular action or arrangement and the applicability of the antitrust laws with the Legal Department.

Under certain circumstances, some activities may be permitted by the federal government when they involve Accountable Care Organizations (ACO) and the contracts related to ACO activities. Questions about antitrust and ACO activities should be directed to the Legal Department.

Intellectual Property Laws

Intellectual property includes patents, trademarks, service marks, trade secrets and copyrights. Intellectual property is protected by Federal and State laws. Inventions or techniques created by Team Members while working at Banner are the property of Banner, unless there is a written agreement between Banner and Team Members stating differently.

If Team Members use Banner's intellectual property in their work, they should be very careful to not inappropriately disclose this information to others. The use of this information for their own purposes is prohibited.

During the course of employment, Team Members may have access to intellectual property owned by other businesses. This intellectual property should not be disclosed without complying with all confidentiality obligations set forth in Banner policies and/or any applicable agreements.

Violations of intellectual property laws may result in civil and/or criminal damages for the Team Member as well as Banner.

Political Activities and Contributions

Banner must comply with all Federal, State, and local laws governing participation in government relations and political activities. As a general policy, Banner does not use corporate resources for political purposes such as promoting or benefiting any candidate for office or to reward government officials, nor shall Team Members engage in activities that jeopardize our tax-exempt status.

All Banner contacts and transactions with government representatives must be conducted honestly and ethically. Any attempt to influence the decision-making process of a government representative by an improper offer of any benefit is absolutely prohibited. Any request or demand by a government representative for an improper benefit should be immediately reported to Government Relations and the Ethics & Compliance Department.

Team Members may personally participate in and contribute to political organizations or campaigns as long as it is on their own time, financed exclusively with their own funds and resources, and done outside of any Banner facility.

Public Policy Positions

Banner's public policy positions are consistent with our role as a not-for-profit organization and reflect our mission, values and purpose.

Banner engages in public policy debate only when it has special expertise that can inform the public policy process. When the organization is directly impacted by public policy decisions, Banner may provide relevant, factual information about the impact of such decisions. Banner only takes positions that it believes can be shown to be in the larger public interest, and it encourages trade associations with which it is associated to do the same.

At times, Banner may ask employees to make personal contact with government representatives or write letters on specific issues. In addition, some Team Members may interface on a regular basis with government representatives as part of their position descriptions. If Team Members are making these communications on behalf of the organization, they must be familiar with any regulatory constraints and always observe them.

Tax Exempt Status

As a tax-exempt entity under section 501(c)(3) of the Internal Revenue Code, Banner has a legal and ethical obligation to comply with applicable tax laws, engage in activities which further its exempt charitable purpose and ensure that its resources are used to benefit the communities it serves rather than any private or individual interests. Consequently, Banner and its employees must avoid compensation and service arrangements in excess of fair market value, utilize Banner's facilities and assets for exempt purposes, accurately report payments to appropriate taxing authorities and file all tax returns according to applicable law.

Employees, physicians, and all who do business with Banner must comply with the various Internal Revenue Service rules and regulations that apply to transactions between tax-exempt entities and other private parties. These rules deal with issues commonly referred to as "inurement" and "private benefit." Violation of these rules could result in the loss of tax-exempt status for Banner or the imposition of sanctions, including those penalties imposed under the Federal Intermediate Sanctions Law. Because these transactions involve complicated tax issues, they should be reviewed and approved in writing in advance by the Legal Department.



Workplace Conduct and Employment Practices

Guiding Principles

Team Members must represent Banner accurately and honestly, deal fairly with everyone and refrain from any activity intended to defraud anyone of money, property or services. Team Members must always treat each other with dignity, respect, and courtesy and demonstrate behavior that fosters trust in all their activities.

Diversity, Equity, and Inclusion

When everyone belongs life is better. At Banner, we value differences and foster belonging to create a great place to work and receive care. For leaders, this means ensuring that every team member is valued and has an opportunity to contribute to their team's efforts; and collaborating with stakeholders who may offer services to support the unique needs of certain populations.

For example, consider a leader planning to launch a key initiative and realizes that the start date falls on a religious holiday being observed by some team members (a list of common holidays may be found [here](#)). If it is not imperative that the initiative be launched on that particular date, consider whether it would be feasible to change the date so those affected team members may participate. Of course, conflicts will occur and not every observance can be accommodated. But the good faith effort to value differences and foster belonging is consistent with our efforts to support one another and create a great place to work.

With respect to patient care, we value differences and foster belonging by being mindful of barriers to care and communication. Teams are encouraged to review policies on Interpretation Services while caring for patients who are limited English proficient and/or deaf and hard of hearing, and non-discrimination against patients and companions. If you have questions about these policies, please reach out to the policy owners; and feel free to engage the system diversity, equity, and inclusion team (diversityinclusion@bannerhealth.com) to learn more about how they can support you and your team to promote a more diverse, inclusive, and equitable workplace for all.

Equal Employment Opportunity

Banner believes in providing equal employment opportunity to qualified individuals and prohibits discrimination in any work-related decision on the basis of race, color, national origin, religion, age, disability, sex, sexual orientation, veteran status, genetic information or any other protected status.

Our interactions with one another should always be fair, objective, and professional. Each of us is responsible for supporting fair employment values by complying with labor and employment laws. Banner will make reasonable accommodations for individuals with physical or mental disabilities, in accordance with applicable laws.

Harassment and Workplace Violence

Banner does not tolerate harassment or abuse of any kind. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct is not acceptable in our workplace. Any form of sexual harassment is strictly prohibited.

We should all feel safe at Banner. Team Members should speak up if a coworker's conduct ever makes them feel uncomfortable. Supervisors who learn of any such alleged incident or concern should immediately report it to the Human Resources Department. Human Resources will promptly and thoroughly investigate any complaints and take appropriate action. Anyone found to be engaging in unlawful harassment will be subject to corrective action, up to and including termination of employment or contractual relationship with Banner.

Legal Holds

Employees must reply to and comply with Legal Hold notices issued by Banner. Legal Hold notices direct an employee to preserve documents and information that may be relevant to legal claims by or against Banner. Legal Hold notices are sent out to ensure that Banner meets its legal obligation to preserve evidence, and an employee's failure to respond to or comply with, a Legal Hold notice is grounds for corrective action, up to and including termination of employment.

Conflicts of Interest

Avoid conflicts of interests and the appearance of conflicts of interest.

A conflict of interest occurs if an outside interest or activity may influence or appear to influence the ability of Team Members to exercise objectivity or meet their job responsibilities. Participation in activities that conflict with the employment responsibilities of Team Members is not acceptable. A reasonable guideline to follow would be that a potential conflict of interest exists when an objective observer might wonder whether a Team Member is motivated solely by his/her responsibilities to Banner or by other interests.

Banner's Conflict of Interest policy provides additional guidance in this area. The policy requires that board members, officers, administrators, employed physicians, and other Team Members designated by their supervisors or the Chief Risk Officer to submit a Conflict of Interest Disclosure Survey annually. All other Team Members are required to disclose a potential or actual conflict of interest to their administrators, supervisors or to the Internal Audit Department prior to making a decision or taking any action that is or may be affected by that conflict. Supervisors or administrators may consult with the Internal Audit Department for assistance in resolving conflicts. Failure to disclose and withdraw from conflicts of interest can result in corrective action, up to and including termination.

Guidelines for some common conflict of interest situations:

- Corporate opportunities discovered through work at Banner belong first to Banner. Team Members owe a duty to Banner to advance its legitimate business interests. Team Members are prohibited from using Banner's confidential or proprietary information for personal gain.
- Outside employment must not interfere with the duties of Team Members at Banner. Team Members must disclose and discuss with their supervisors all outside jobs, relationships, or transactions that may create a conflict of interest.
- Team Members may not use Banner resources or facilities to support their own outside business activities or those of another organization.
- Relationships may affect our judgment, but a close relationship with another person does not automatically mean that there is a conflict of interest. Team Members should discuss the potential conflict of interest with a supervisor or the Internal Audit Department.

Coworker Interactions

In the normal day-to-day operations of an organization like Banner, there are issues that arise relating to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise.

One involves gift giving among Team Members. While we wish to avoid any strict rules, no one should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances. For example, a lavish gift to anyone in a supervisory role would clearly violate Banner policy.

Another situation that may arise frequently involves charitable fund-raising or volunteering efforts undertaken by individuals, in which no one should ever be compelled to participate. Similarly, when Banner decides to support charitable organizations such as the United Way, Team Members should never feel compelled to contribute to the charitable organization, nor should there be any workplace consequences of such non-participation.

Solicitation

Banner has established rules for any solicitation and distribution activities that are conducted by vendors as well as by Team Members. Any solicitation or distribution must be conducted in accordance with the Solicitation and Distribution policy. Questions about this policy should be directed to the Legal Department.

Relationships with Vendors

Vendors and others with whom we do business are vital to our success. We confirm that they are not excluded from Federal health care programs before working with them. Once they are working with Banner, we expect them to adhere to this Code of Conduct, or an equivalent Code of Conduct, and to always treat us with the same respect, fairness, and professionalism that we demonstrate to them.

Banner manages its vendor relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws, regulatory requirements, contractual obligations, and good business practices. We promote competitive procurement to the maximum extent practicable. Our selection of vendors will be made on the basis of objective criteria related to cost, quality, and outcomes. We employ the highest ethical standards in source selection, negotiation, determination of contract awards and the administration of all procurement activities.

If we entrust vendors with confidential information, we expect them to uphold our trust and protect our information. In turn, we comply with contractual obligations not to disclose a vendor's confidential information unless permitted under the contract or otherwise authorized by the vendor.

Gifts, Business Meals and Entertainment

All gifts, business meals and entertainment provided and received must be reasonable and small enough that they do not influence our decisions. We never offer or accept anything of value in exchange for referrals or other business. We communicate to vendors, providers, patients and others that our values restrict what we can give and receive because we want our services and business relationships to stand on their own. We recognize that certain items are appropriate and do not present a risk of influencing our decisions. Team Members must make sure that even permitted items do not damage our reputation or our integrity under the circumstances.

What is a gift? A gift is any item of value — including everything ranging from marketing items like t-shirts to flowers and gift baskets — if the recipient is not expected to pay for the item.

What is a business meal? A business meal is any meal where the predominant purpose of the meal is to discuss Banner business.

What constitutes entertainment? Entertainment is attendance at any event such as a sporting event, concert, or play where the recipient is not expected to pay for the entrance fee or ticket.

What if I receive something that is not permitted? If an item is not permitted, it should be returned to the giver or, if this is impossible, must be surrendered to one of Banner's charitable foundations for its unrestricted use. Perishable items may be donated to a charity or shared in the work area. If Team Members are unsure whether an item is permitted, they should contact their supervisor, department manager or director, Compliance Officer, or the Ethics & Compliance Department.

Permitted gifts, meals and entertainment.

The items below are permitted but must be reasonable and appropriate under the circumstances and all requirements of Banner policy must be met.

Occasional gifts:

- Except as permitted by law, regulations or sub-regulatory guidance, purchased by Banner for a patient /Member with a retail value that does not exceed \$15 per item and \$75 in total per year and is not cash or its equivalent. **Examples:** A hospital may provide a \$10 t-shirt to the parents of a newborn. A clinic may give a \$15 bag to a diabetic patient for his insulin supplies.
- Received from a vendor with a retail value that does not exceed \$50 per item per Team Member and \$200 in total per year and is not cash or cash equivalent. **Examples:** An accounting firm may purchase a \$50 watch for a retiring Banner employee. A vendor may provide a \$100 fruit basket to the radiology department if the basket is shared among department members.
- Except as permitted under ACO activities, purchased by Banner for a physician in limited circumstances as long as the value of the item is within the non-monetary compensation limit and the item is not cash or cash equivalent. Contact the Compliance Officer and, in the case of hospitals, medical staff services before proceeding. **Example:** A hospital may buy gift baskets valued at \$80 for each member of the medical staff to celebrate Doctor's Day. The hospital must log the gift basket as non-monetary compensation for each physician in the database.
- Received from a physician as long as the amount does not exceed \$50 per item per employee and \$200 in total per year, and the item is not cash or cash equivalent. **Example:** A physician may provide each nurse on the unit a \$50 holiday turkey. Note: A gift received from a physician cannot affect or even appear to affect any decisions made in a work capacity with respect to that physician.

Occasional business meals:

- Received from a vendor as long as the business meal does not exceed \$50 per person. Example: A computer hardware vendor may take a Team Member to a \$30 lunch to discuss the performance of the hardware.
- Purchased by Banner for a physician, or received from a physician, in limited circumstances. Contact the Compliance Officer before proceeding. **Example:** A chief nursing officer may take the physician who serves as medical director of the ICU to lunch to discuss infection control rates. The physician's medical director agreement must state that the physician will attend meals from time to time to discuss the physician's duties or the lunch would need to be logged as non-monetary compensation in the database.

Occasional business entertainment:

- Received from a vendor as long as the cost does not exceed \$500 per year or a max of 4 events per year from the same vendor, and the vendor attends the event with the employee to discuss business. **Example:** A vendor may take a quality manager to a museum event with a ticket price of \$450.
- Purchased by Banner for a physician, or received from a physician, in limited circumstances. Contact the Compliance Officer before proceeding. **Example:** The hospital may host an annual physician appreciation dinner for its medical staff.

Prohibited gifts, meals and entertainment.

Some examples of items that are not permitted include:

- Gifts received from or purchased for government officials
- Free health care items or services of any value unless specifically permitted by Banner policy or as authorized by statute, regulation or sub-regulatory guidance
- Cash, money orders, stock, negotiable instruments or other cash equivalents provided to or received from patients, vendors, customers, physicians or government officials
- Items solicited by the recipient in violation of the law
- Gifts provided to or received from anyone during a pending Banner purchasing decision

Controlled Substances

Team Members may routinely have access to prescription drugs, including controlled substances. Drugs are governed and monitored by Federal and State regulatory agencies and can only be administered pursuant to a provider order. All drugs and related supplies must be handled properly and only by authorized individuals in order to minimize risks to patients, visitors and Team Members. If Team Members become aware of inadequate security or the diversion of drugs from the organization, the incident must be reported immediately to a supervisor and escalated appropriately. Failure to report any known or suspected drug diversions may result in corrective action, up to and including termination.

License and Certification Renewals

Banner does not allow any employee, independent contractor or privileged provider to work without valid, current credentials. Team Members must have evidence of current and valid licensure, certification, registration or other credential as required by their position description. Team Members must also comply at all times with Federal and State requirements applicable to their respective disciplines.

Personal Use of Banner Resources

All Team Members are expected to be good stewards of our charitable assets. They are expected to maintain and properly care for our organization's assets for the benefit of the communities we serve. Organization assets — including time, materials, supplies, equipment and information — are to be maintained for business-related purposes. As a general rule, personal use of any Banner asset without prior supervisory approval is prohibited.

Banner property should not be removed from its facilities unless it is necessary to do so to perform the jobs of Team Members. Team Members must return the property to its proper location as soon as it is no longer needed off-site for business purposes.

Marketing Practices

Marketing and Public Relations Guidelines

Banner may use marketing and public relations to educate the public, provide information to the community, increase

awareness of our services, to market its Managed Care plans and to recruit physicians and employees. We present only truthful, fully informative, and non-deceptive information regarding available services, products and the level of licensure and certification. We do not make guarantees and promises in Banner written materials and advertisements and we avoid the use of hyperbole in promoting our services and programs.

While continuing to follow all regulatory requirements for marketing and sales activities, some exceptions may apply for Banner's Managed Care products.

While it is permissible to compare and contrast our services and prices, it is against Banner policy to intentionally disparage other persons or businesses based on information that is untrue, or not known to be true or to intentionally interfere with another business's contractual relationships through wrongful means.

Branding standards

All Banner entities must conform to Banner's branding standards to maintain a consistent and recognizable image.

Third party use of Banner names and logos

To ensure proper use of our names and logos in advertising, news releases, case studies or other promotions, Team Members will refer any requests from third parties to the Marketing and Public Relations Department. Unless authorized to do so, Team Members should not promise, in writing or in conversation, that Banner or its employees will endorse a third-party product or service.

Gathering information about competitors

Banner may obtain information about other organizations, including our competitors, through legal and ethical means such as public documents, public presentations, journals, magazine articles and other published and spoken information. However, Banner will not obtain proprietary or confidential information about a competitor through illegal means.

External Communications

Team Members must never speak with the media about Banner (including its patients, providers, employees, and services), unless they have been explicitly authorized to do so by Banner's Public Relations Department. Public Relations serves as the first point of contact with the news media regarding all inquiries related to the organization and its services. Public Relations will follow established processes when engaging with the news media, including the identification of appropriate subject matter experts and spokespersons as well as observing related privacy practices required by Federal law.

Social Media Sites

Team Members should follow the Employee Handbook and the Social Media policy with regard to their social media sites. Team Members should never share information that reveals a patient's identity or health condition or Banner proprietary information on any social media sites.



Health, Safety and Environmental Compliance

Banner policies have been developed to protect Team Members from potential workplace hazards. Team Members must become familiar with and understand how these policies apply to their specific job responsibilities and seek advice from their supervisor or Environment Health and Safety whenever they have a question or concern.

Team Members are responsible for maintaining a safe environment by participating in training and drills, promptly reporting identified hazards, utilizing safe work practices, and adhering to all safety policies and procedures. It is important that Team Members immediately advise their supervisor or Environment Health and Safety of any serious workplace injury or any situation presenting a danger or injury so timely corrective action may be taken to resolve the issue.

Banner complies with all environmental laws and operates every facility, provider group, ancillary service area and insurance division with the necessary permits, approvals and controls. We diligently employ the proper procedures to provide a good environment of care and to prevent pollution.



Clinical Research

Clinical research regarding the safety and efficacy of drugs, biologics, devices, diagnostic products and treatment regimens takes place at many Banner entities. There are different types of clinical research, including, but not limited to, clinical trials, prevention studies, retrospective chart reviews and screening studies. All research involving human subjects or their PHI must comply with Federal, State, and local research standards to protect the rights, welfare, and well-being of research subjects. Banner must also ensure all claims for reimbursement to government and private payors accurately represent the services provided and comply with pertinent Federal and State laws. Questions regarding the ethical conduct of research or the legal and regulatory requirements applicable to a particular research project should be directed to the Human Research Protection Program (HRPP) Director.

Institutional Review Boards

Per Federal regulations (45 C.F.R. § 46 and 21 C.F.R. § 56), all clinical research involving human subjects must have Institutional Review Board (IRB) approval prior to implementation. An IRB is a committee of physicians, scientists, community advocates and others who ensure that research is ethical and that the rights, welfare, and safety of human subjects is protected.

Banner has its own IRB that is registered with the Office for Human Research Protections (OHRP) in compliance with Federal regulations (45 C.F.R. § 46, subpart E and 21 C.F.R. § 56.106). In addition, Banner relies on other qualified reviewing IRBs to provide oversight for clinical research involving multiple sites or centers.

Ethical Foundation

Banner is committed to protecting the rights, safety and welfare of all human subjects recruited to participate in research activities. Human subject research protection is a shared responsibility of Banner's HRPP, the IRB, investigators, research staff, participants, and sponsors. In the conduct of all human research, regardless of funding source or sponsorships, Banner upholds the ethical principles of the Belmont Report. Those ethical principles are:

- **Respect for Persons:** Recognition of the personal dignity and autonomy of individuals and special protection of those persons with diminished autonomy. This principle is applied through the informed consent process.
- **Beneficence:** Obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risk of harm. This principle is applied through the assessment of risks and benefits.

- **Justice:** Fairness in the distribution of research benefits and burdens. This principle is applied through the selection of subjects.

Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.

Research Misconduct

Banner is committed to high ethical standards in research and will not tolerate any type of research misconduct. Research misconduct means fabrication, falsification, or plagiarism in proposing, performing or reviewing research or in reporting research results. It does not include honest error or differences of opinion.

Informed Consent

The informed consent process is intended to ensure that a potential research subject understands the purpose of the research as well as the potential risks, benefits and alternatives to participation. As part of that process, the researcher (or their delegate) explains the details of the research to the potential subject and answers all the subject's questions. The potential subject must be given adequate time to consider whether they will participate. Throughout the process, the researcher must ensure the subject's continued willingness to participate in clinical research and provide updated information to the subject when appropriate.

The informed consent document must contain all elements required by the regulations. The document must be reviewed and approved by an IRB before use. The informed consent document must be in a language understandable to the research subjects. For example, if the subjects do not speak or read English, they must be given an IRB-approved informed consent document written in their primary language.

Participation in clinical research is voluntary. Refusal to participate in clinical research does not compromise an individual's access to any other health care services at Banner.

Privacy and Confidentiality

Research regulations require the inclusion of adequate provisions to protect the privacy of human subjects and the confidentiality of information shared during clinical research participation. As part of their review of clinical research, the IRB must determine that the privacy and confidentiality of subjects are adequately and appropriately protected.

In addition, HIPAA covers the PHI of all subjects participating in clinical research. An authorization or waiver must be in place in order for researchers to access PHI for research purposes.

Financial Considerations

Banner policies regarding research-related items and services provided to patients enrolled in clinical research require that we accurately bill in accordance with all relevant laws, regulations, guidelines regulatory and contractual requirements.

Banner has established standards for the disclosure, review and management of conflicts of interest in research. A conflict of interest exists when financial or other personal considerations may compromise or appear to compromise a researcher's professional judgment in conducting, overseeing, reporting, or publishing research or, most importantly, in protecting human subjects. Clinical research data and results must not be influenced by outside interests. Researchers are responsible for complying with all Banner policies regarding conflicts of interest.



Conclusion

Compliance at Banner is everyone's responsibility, and this Code of Conduct is just one of the resources available to Team Members. If Team Members have any questions or are unsure how to apply this Code of Conduct, they should contact their supervisor, department manager or director, Compliance Officer, the Ethics & Compliance Department or the ComplyLine.

Acknowledgment

As part of their compliance training, Team Members are required to acknowledge that they have agreed to the following statements in order to receive credit for the course.

I certify that I have reviewed Banner's Code of Conduct and understand that it represents mandatory policies of the organization. I agree to abide by the Code of Conduct.

JANUARY 1, 2023

