



CODE OF CONDUCT



INTRODUCTION

LETTER FROM THE CHIEF EXECUTIVE OFFICER, AND THE CHIEF COMPLIANCE OFFICER

Dear Colleagues:

We believe there is no profession more honorable than the one that cares for individuals who are elderly, ill, injured or in a weakened state. We support them during tough times and create joyful moments in the lives of these friends and neighbors we call customers. In our daily service to both our customers and each other, remember the Company's vision to always do the right thing, at the right time, the right way for the right reason. In short, do all things ethically and with integrity.

This Code of Conduct covers a variety of topics to equip representatives with the information they need to uphold Company policy and comply with key state and federal regulations and laws. It does not, nor is it intended to, cover every regulation, law, and policy. It does, however, focus on key areas that you will routinely encounter. The Code extends to all areas of our business, including customers, vendors, professional partners, volunteers, and the government.

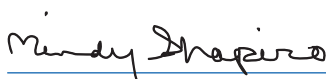
It is your responsibility to speak up if you know of a situation or issue that is in violation of the law, Company policy or our core principles. Utilizing an outside vendor, the Company offers a hotline to which you can report concerns related to customer care, representative conduct or business operations. Hotlines are designed to facilitate open communications confidentially. You may contact the Hotline either by calling 1-888-788-2502 or by submitting a report online at ASCHotline.com. Those using the Hotline are protected from retaliation.

Read this Code of Conduct thoughtfully. When you sign it, you make or renew a personal commitment to practice and promote it every day. If you have any questions, please do not hesitate to ask your supervisor. Our reputation belongs to all of us. We ask for your help in maintaining it and making it stronger. Thank you for the service you provide so well and thank you for choosing to serve with us..

Respectfully,



STEVE VAN CAMP
CHIEF EXECUTIVE OFFICER



MINDY SHAPIRO
CHIEF COMPLIANCE OFFICER

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PROGRAM OVERVIEW

PURPOSE

Anew (the Company) is committed to compassionately serving each Patient with quality care and excellence. Business operations must be conducted in accordance with the highest ethical standards, state and federal healthcare requirements, and Company policy.

The Code of Conduct (Code) is the foundation of the Compliance and Ethics Program and should be used as a guideline for ethical standards to support and maintain relationships with all Patients, employees, customers, volunteers, vendors, contractors, and the communities the Company serves. This Code is not intended to be an all-inclusive rule book. If you encounter a situation that is not addressed in the Code, discuss the situation with your supervisor, contact any member of the Compliance Department for guidance, or contact the Hotline.

TO WHOM DOES THE CODE APPLY?

The Code applies to employees, board members, volunteers, vendors, and contractors, collectively, representatives of the Company (Representatives). Compliance with the Code is expected while performing job responsibilities, conducting Company business on or off Company property, while traveling for the Company and at all other times when Representative, or other persons having business relationships with the Company, are present.

WHY IS THE CODE IMPORTANT?

As representatives, we share a commitment that supports doing the right thing, at the right time, the right way and for the right reason. We support this commitment through the work completed by each of us daily.

The Code does not contain suggestions; compliance with the Code is mandatory. There are no acceptable reasons for straying from the Code, no matter the situation. Violations of the Code are grounds for discipline up to and potentially including termination.

If you have any doubt about whether a situation violates the Code, report your concerns. If you have any questions or concerns about the Code, or any moral, legal, or ethical issue, follow the reporting process below:

REPORTING PROCESS

- Talk to your supervisor or manager. Your supervisors or managers will be familiar with Company policy, federal and state rules, laws and regulations and will be able to assist with most concerns.
- If you are uncomfortable going to a supervisor or manager with a concern or are not satisfied with the response you received, speak with your Administrator or the Chief Operating Officer.

- If the above steps do not resolve your questions or concerns, or if you prefer, you may reach out directly to the Compliance Department in any of the following ways:

The Hotline:

1-888-788-2502

The Anew online reporting portal (Webline):

www.AnewHotline.com

By email:

ASCCompliance@ASCCare.com

By contacting any member of the Compliance Team, whose contact information can be found on ASC Connect.

RESPONSIBILITIES UNDER THE CODE

Representatives of the Company must:

- Read and understand this Code of Conduct.
- Protect the Privacy and Confidentiality rights of Patients.
- Adhere to the highest ethical standards when acting on behalf of the Company.
- Refrain from conflicts of interest.
- Report possible or actual violations of law, ethical standards, or Company policy.



ACCOUNTABILITY UNDER THE CODE

Representatives will conduct themselves with honesty and integrity. Unethical, questionable, or illegal conduct to achieve business or personal gain is not acceptable and will result in disciplinary action up to and potentially including termination. Compliance with the Code is a term and condition of employment.

If a representative is faced with a challenging situation not covered in the Code of Conduct or in a Company policy, consider these questions:

- **What is it the right thing to do?**
- **What is in the best interest of the Patient?**
- **Who can I go to for assistance?**
- **Where can I locate resources to obtain the correct information?**

EFFECTIVE COMMUNICATION

The Company will communicate the Code and updates to Compliance policies to applicable representatives. Assigned Compliance training is mandatory and is monitored for completion. Training on the Code or applicable Compliance policies will be completed at the time of hire, annually and as situations or new regulations and industry standards arise.

ENFORCEMENT

The Company enforces the Compliance and Ethics Program through various corrective actions, including, as appropriate, disciplining representatives responsible for the failure to detect and report a violation.

After a violation is detected, the Company takes reasonable steps to address the violation. Corrective actions seek to prevent future similar violations and could potentially include modifications to the Compliance and Ethics Program.

COMPLIANCE LEADERSHIP RESPONSIBILITIES

The Company has identified individuals that have the overall responsibility to oversee the Compliance and Ethics Program, including the Chief Compliance Officer, the Privacy Officer, and the Corporate Compliance Committee. In addition, Compliance Liaisons provide support for the Compliance and Ethics Program. The Company has designated Administrators to act in the role of Compliance Liaison.

While Compliance Liaisons are not official representatives of the Compliance Department, they have a dotted line to the Chief Compliance Officer on the organizational chart. Compliance Liaisons support the Compliance and Ethics Program and increase its reach and effectiveness through frequent and direct connections to operations' staff and teams "in the field."

COMPLIANCE AT THE COMPANY

CORPORATE COMPLIANCE AND ETHICS PROGRAM STRUCTURE

The Company's Compliance and Ethics Program supports doing the right thing, at the right time, the right way and for the right reason.

The Company's Compliance and Ethics Program is supported by the following:

- Oversight by our Chief Compliance Officer with support of senior leadership and the Governing Body
- Written standards (policies and procedures), which provide guidance and promote consistency for representatives covered by the Code
- Meaningful education and training for representatives working at Company-managed buildings
- Open lines of communication, including an anonymous reporting system
- Auditing and monitoring of key risk areas to identify and correct potential compliance gaps

Did you know...

The agency's Business Office Manager handles all W-2, scheduling and payroll concerns and questions.

THE COMPLIANCE HOTLINE

The Hotline is administered by an independent vendor who alerts the Company to reports of improper activity, questions or concerns. The Hotline is available 24 hours a day, 7 days a week, and 365 days a year. The Hotline is committed to protecting the identity of all who wish to remain anonymous. Reports are sent from the Hotline vendor to the Company for investigation. The Company will take appropriate measures to maintain the confidentiality of anonymous reporters.

Anyone can submit a report by using the toll-free number to speak with a Hotline representative or by visiting the online Hotline portal (the Weblines) to submit a written report.



Any representative may report any concern to the Compliance Hotline 24/7/365.

The Hotline:
1-888-788-2502

The Anew online reporting portal (Weblines):
www.AnewHotline.com

By email:
ASCCompliance@ASCCare.com

SITUATIONS THAT MUST BE REPORTED

IMMEDIATELY: Any allegation or suspicion of abuse, neglect, exploitation or mistreatment of a Patient, including injuries of unknown source or misappropriation of property, must be immediately reported to the Administrator. In order to comply with this requirement, reporters must speak with the Administrator or their designee.

Although the Hotline is available 24 hours a day, 7 days a week, and 365 days a year, reporting through the Hotline or Weblines could cause a delay which may interfere with timely reporting to external authorities.

OBLIGATION AND TIMING OF REPORTING

Representatives must report any suspected or known violations of this Code. This includes any violation of applicable laws, regulations, or policies. Representatives have the right to report concerns anonymously through the Hotline or by contacting a supervisor, manager, Administrator, Chief Operating Officer, the Compliance Department, or the Chief Compliance Officer.

If a representative is aware of a known or suspected violation of the Code or any federal or state law and is not comfortable approaching a supervisor, management, Administrator, Chief Operating Officer or senior leadership, that employee must report the concern to the Hotline or Weblines. A representative may anonymously contact the Hotline or Weblines with any concerns or issues.

Representatives are required to report any suspected misconduct which includes, but is not limited to, the following:

- Suspected or known incidents of abuse or harm to a Patient, family member or representative

- Violations of state or federal healthcare programs
- Conduct that violates the Code, Employee Handbook or any Company policy or procedure
- Harassment, discrimination, or retaliation
- Altered or falsified information or documentation and questionable billing practices
- Unsafe work environment
- Improper payments or questionable accounting
- Any clinical, ethical, or financial concerns

Disciplinary action up to and including termination may be enforced for failure to report suspected violations or other failures to perform duties in a professional manner.

INTERNAL INVESTIGATIONS

To the extent possible, the Company is committed to investigating reported concerns promptly and confidentially. The Compliance Department has the authority to investigate allegations, concerns, and other pertinent matters to facilitate appropriate resolutions and closure. Based on the nature of the complaint or report, the Compliance Department may refer the matter to other departments or designees to perform the investigation and determine the appropriate resolution and closure. Representative cooperation in investigations is a condition of employment.

Where an internal investigation substantiates a reported violation, appropriate corrective measures will be taken, including, but not limited to, notifying the appropriate governmental agencies and/or authorities, instituting appropriate disciplinary action, and implementing other necessary systemic changes to prevent a recurrence. Corrective action plans will be shared with all appropriate parties.

ORGANIZATIONAL ETHICS AND QUALITY CARE

NO RETALIATION POLICY

The Company does not tolerate retaliation against a representative who, in good faith, makes a complaint or raises a concern, provides information, or otherwise assists in an investigation or proceeding, regarding any conduct that they reasonably believe to be in violation of the Company's policies or applicable laws.

The No Retaliation Policy is designed to ensure that representatives feel comfortable speaking up when they see or suspect violations of Company policies, or illegal or unethical conduct, without fear of retaliation. It is also intended to encourage all representatives to cooperate in investigations by providing honest and complete information without fear of retaliation.

Did you know...

There is a difference between Retaliation and Discipline:

- **Retaliation** is punishing someone for doing something they have the right to do, for example, reporting misconduct, or filing a complaint.
- **Discipline** is a consequence for violating a rule, policy, or procedure.

The Company prohibits retaliation, even if a complaint or concern is proven unfounded. However, if a representative knowingly, intentionally, or maliciously made a false allegation or otherwise acted in bad faith, the Company reserves the right to impose appropriate discipline, up to and including termination.

The complete No Retaliation Policy is in the Employee Handbook located in Relias Policy Pro.

Prohibited retaliation can include, but is not limited to:

- Termination
- Demotion
- Suspension
- Failure to hire or consider for hire
- Failure to promote or be considered for promotion
- Threats
- Intimidation
- Coercion
- Denial of employment benefits
- Other actions adversely affecting working conditions or employment

NON-DISCRIMINATION POLICY

The Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Company does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The Company's Discrimination is Against the Law Poster can be located on ASC Connect and at **www.ASCCare.com**.

COMMITMENT TO PROVIDING QUALITY CARE

The Company's primary commitment is to provide the care, services, and products to Patients needed to reach or maintain their highest levels of physical, mental, and psychosocial well-being. Company policies and procedures guide representatives toward this goal.



PRIVACY & SECURITY



The Company complies with Federal and State laws and regulations governing Privacy and Security. Representatives with access to Protected Health Information (PHI) must ensure that Patient information is maintained in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. Only persons authorized by law may access, use, or disclose Patients' medical records and other PHI.

The HIPAA Security Rule establishes standards to protect electronic PHI. All information and communication in electronic format must remain secured and encrypted and must not be stored outside of the company's direct control, including, but not limited to, unencrypted storage devices (such as flash drives and removable disks), home computers or personal e-mail accounts. Unauthorized use or disclosure of PHI or other HIPAA violations must be reported to the Compliance Department.

To ensure the Company protects the privacy and security of PHI, the following guidelines apply:

- Be continually aware of the Patient information in your possession, which may include paper records, computer screens, printers, photographs, and fax machines.

- Ensure that proper consents or authorizations are obtained before releasing Patient information to anyone. When in doubt, ask!
- Log out or lock computers when not in use or when walking away.
- Close and lock office doors or other secure areas that may contain Patient information.

What is PHI?

Any personal health information that can potentially be used to identify an individual, or that was created, used, or disclosed while providing healthcare services. PHI includes, but is not limited to:

- Names
- Dates (other than year) directly related to an individual, such as a birthday or treatment dates
- Phone numbers
- Email addresses
- Social Security Numbers
- Medical record numbers
- Full face photographs and/or any comparable images that can identify a person.
- Diagnoses and treatment details

- Never share log-in information or passwords with anyone.
- Never place papers or documents with Patient information in the regular trash. If the information contains PHI, it must go into a locked shred container.
- Do not leave PHI in unlocked boxes or in unsecured areas. All documents that need to be shredded must be placed into a locked shred container at the end of each shift.
- Do not openly discuss a Patient's condition where others can hear, and do not share Patient information with those who are not directly involved with care.
- Verify email recipients and fax numbers before hitting send.
- Double-check the Patient's name and date of birth prior to giving receipts, discharge summaries, lab reports, etc.
- Do not take PHI out of the workplace without permission.
- Never post a Patient's picture or PHI to social media without a signed Company media consent. Failure to adhere to this policy could lead to discipline up to and including termination.

IMPROPER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Known or suspected incidents of improper use or disclosure of Patient PHI must be reported immediately to the Administrator, Chief Operating Officer and the Compliance Department. Reports can also be made through the Hotline. All actual or suspected improper disclosures will be investigated and, if indicated, reported to the proper state and federal entities. Failing to report actual or suspected improper disclosures of PHI in a timely manner could result in fines for the Company and discipline up to and including termination.

Examples of improper PHI disclosures:

- An email with PHI was sent to the wrong email address and the information was not password protected.
- Company laptop or medical records stolen out of a vehicle.
- Posting Patient information or photos on personal social media.
- Posting a Patient photo on the Company's Facebook page without prior written authorization.
- Giving Patient information to an individual who does not have permission to receive it.



USE OF COMPANY PROPERTY

Representatives share responsibility for maintaining and complying with the internal control requirements established by the Company to ensure that all facilities, systems, equipment, supplies, records, and other assets are maintained, to the maximum extent possible, in a safe and secure environment. Company assets and equipment should be used only for authorized purposes in accordance with Company policies and procedures.

The Company owns all communication and technological equipment that is provided by the Company, including computers, software, email, voicemail, and office supplies. Therefore, all communication sent or received through any of these devices is considered Company property. The Company has the right to monitor all communication and internet usage on Company equipment.

Only approved computer software should be loaded to Company computers. Downloading unauthorized computer software is prohibited as it could allow viruses into the Company network. If you have any questions or concerns about software, please contact the IT Department

User IDs and passwords are provided to access, as well as to secure and protect electronic information from inappropriate disclosure. They create electronic signatures and track data entries.

- User IDs and passwords must be kept confidential
- Sharing login or access information is strictly prohibited
- Managers are prohibited from directing subordinates to share passwords

Representatives are responsible for ensuring that electronic information is protected.

Representatives are responsible for keeping information secure. Improper uses of company property and actions that compromise the security of PHI and Company information are grounds for discipline up to and including termination.

Prohibited Uses of Company Property:

- Checking your bank account from a Company laptop or computer
- Using a Company email address for personal matters

Did you know...

When it is permissible to send PHI through email, representatives are required to begin the subject line of the email with the word "Secure," which will force encryption of the email.

LEGAL & REGULATORY REQUIREMENTS

ELDER JUSTICE ACT

The Elder Justice Act mandates reporting any suspected crime against a Patient in a long-term care facility. Reports must be made no later than two hours after an representative has formed suspicion of a crime resulting in serious bodily injury and no later than 24 hours if there is no serious bodily injury. Representatives must follow the reporting guidelines in the Company's Abuse Policy.

Representatives are obligated to immediately report any suspicion of a crime against a Patient to their Administrator and/or their designee. Reportable crimes include, but are not limited to, abuse (verbal and physical), neglect, misappropriation, or mistreatment.

PREVENTION OF FRAUD, WASTE AND ABUSE

The Company has adopted written policies and procedures to support representatives in understanding the laws regarding fraud, waste, and abuse and when and how to report actual or suspected violations. Representatives are routinely trained on these policies and procedures through the Company's Online Education System (Relias) and through in-services. Representatives have the right to protection against penalties or retaliation for reporting fraud, waste, and abuse.

FALSE CLAIMS ACT

The False Claims Act (FCA) prohibits knowingly submitting false claims, documentation, records, or statements to the federal government for payment or approval. A false claim is a request for payment for a medical service or item that is not reasonable or necessary for the Patient's diagnosis or treatment.

In some circumstances, federal and state laws allow private citizens who file FCA lawsuits on behalf of the government to receive a percentage of any settlement or monetary recovery. Such laws and Company

FRAUD:

Intentional deception with the goal of receiving illegal benefits or payments.

WASTE:

Overutilization or inappropriate utilization of services or misuse of resources.

ABUSE:

Practices that are inconsistent with sound financial, business or medical industry standards. Inconsistencies can result in unnecessary cost to federal or state programs or reimbursement for services that are not medically necessary.

Example of false claims or prohibited business activities:

- Billing of unnecessary services
- Billing for services not provided
- Upcoding or changing procedure/diagnosis codes to receive higher reimbursement
- Inappropriate use of Patient funds
- False accounting practices
- Kickbacks
- Fraudulent cost reporting
- Illegal referrals

Examples of illegal or dishonest activities are:

- Violations of federal, state or local laws
- Billing for services not performed or for goods not delivered
- Other fraudulent financial reporting

policy prevent discrimination or retaliation against any representative who assists or initiates an FCA investigation.

A representative who knows of or suspects any false claims or fraudulent business practices must immediately report the information to the Chief Compliance Officer or Hotline.

Healthcare providers and suppliers can be subject to civil monetary penalties and damages for each false claim submitted.

WHISTLEBLOWER

A whistleblower is a representative who reports activity that is suspected or known to be illegal or dishonest. A whistleblower is not responsible for investigating the activity, determining fault or developing corrective measures. Under the Company's Whistleblower Policy, appropriate management officials are charged with these responsibilities.

The Company Whistleblower Policy is intended to encourage and enable representatives to raise serious concerns internally, allowing the Company to address and correct inappropriate conduct and actions. It is the responsibility of representative to report concerns about violations of the Code or suspected violations of laws that govern operations.

If a representative has knowledge of or a concern about suspected illegal or dishonest or fraudulent activity, the representative is to contact a supervisor, manager, or the Chief Compliance Officer. Representatives must exercise sound judgment to avoid baseless allegations. A representative who intentionally files a false report of wrongdoing will be subject to disciplinary action up to and including termination.

Whistleblowers are protected with confidentiality and against retaliation. The anonymity of the whistleblower will be maintained to the extent possible. However, whistleblower identity may be disclosed for certain reasons, including, for example, to ensure a thorough investigation, to comply with the law and to provide accused individuals with their legal right to a defense. The Company will not retaliate against a whistleblower. Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to promote or consider for promotion, threats, intimidation, coercion, denial of employment benefits, or other actions adversely affecting working conditions or employment. Any whistleblower who perceives retaliation should contact the Chief Compliance Officer immediately. Protection from retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.



Any representative may report any concern to the Compliance Hotline 24/7/365.

The Hotline:
1-888-788-2502

The Anew online reporting portal (Webline):
www.AnewHotline.com

By email:
ASCCompliance@ASCCare.com

KICKBACKS AND REFERRALS

The federal Anti-Kickback Statute (AKS) prohibits offering, paying, soliciting or receiving anything of value in exchange for inducing or rewarding referrals for healthcare services or items reimbursable by federal healthcare programs like Medicare or Medicaid. The AKS is part of the reason that the Company strictly prohibits giving or receiving any gifts, gratuities, or business courtesies if even one purpose is to reward past or encourage future referrals.

Violating the AKS could result in severe penalties for the Company and the representative.

Accepting or offering kickbacks in exchange for referrals is against the law and is not tolerated.

GIFTS, GRATUITIES AND BUSINESS COURTESIES

It is never permissible to receive or give a gift if even one purpose of the gift is to encourage future referrals or reward past referrals. A gift may not be accepted if it raises an actual or perceived conflict of interest.

The Gifts, Gratuities and Business Courtesies Policy (Gifts Policy) governs the giving and receiving of gifts.

The complete Gifts Policy is located in Relias Policy Pro.

ACCEPTANCE OF GIFTS FROM PATIENTS

Patients are entitled to excellent care and all services offered without the exchange of gifts or gratuities. To ensure that all Patients receive equal consideration and service, representatives are prohibited from accepting tips or gratuities of any kind from Patients or visitors.

Under no circumstances may a representative solicit or accept gifts or money from a Patient or their representative. Failure to comply with this policy will lead to discipline up to and including termination.

If you have any questions about this policy, please contact your supervisor.

CASH EQUIVALENT GIFTS FROM ANEW TO STAFF

The Internal Revenue Service (IRS) regulations state that "if an employer gives a Staff member cash, a gift card, gift certificate, vouchers, or similar items that can be used in place of cash or easily exchanged for cash, the value of the gift is additional taxable salary or wages regardless of the amount." Therefore, gift cards, gift certificates, vouchers, or such similar items (collectively, "cash equivalent gifts") may only be given occasionally and require pre-approval by the Chief Operating Officer or a member of Senior Leadership. Cash equivalent gifts from Anew to Staff may not exceed a value of Fifty Dollars (\$50). For IRS tax purposes, the names of any Staff who receive cash or cash equivalent gifts must be documented and sent to the Senior Director of Accounts Payable and Payroll.

BRIBES

While conducting Company business, bribes, payments or offers of anything of value are not to be extended to or received from any business partners, suppliers, vendors, government officials, or any other third party for purposes of facilitating improper business relationships or advantages. Such conduct is strictly prohibited. Representatives are not to solicit or accept personal benefits from any of our business partners, suppliers, vendors, government officials or others seeking to do business with the Company. This includes direct payments of money, as well as indirect payments, including gifts, entertainment, and travel, unless otherwise permitted under the Gifts Policy. If a representative is offered or receives anything of value in violation of this policy, the representative must immediately report the event to the Chief Compliance Officer.



The Company defines "**GIFT**" as anything of values such as cash, property, meals, promotional items, goods, donations, favors, prizes, offers of employment or business relationship, or anything reasonably regarded as providing a financial gain or advantage to either the recipient or a close family member.

INTERACTION WITH THE GOVERNMENT

Representatives must always conduct themselves in an ethical manner, including when interacting with any government agency. The Company must maintain compliance with all applicable laws and regulations, including guidelines that apply to government contracts and transactions. During interactions with the government, representatives should be mindful of the following expectations:

- **Engage in Honest Communication**
Representatives should always be

honest. If there is ever doubt about what information should be provided to a government official, the representative should politely decline and speak with a supervisor or manager for further instructions.

- **Prohibition on Bribery/Quid Pro Quo** – Never offer or exchange any gifts, gratuities or favors with, or pay for meals, entertainment, travel or other similar expenses for government representatives.
- **Questions?** – Contact the Legal or Compliance Departments if you have any questions concerning the presence of local, state, or federal officials in your facility.



MEDIA RELATIONS

Representatives, on occasion, may be contacted by the media about matters related to the organization. Only authorized representatives are permitted to respond to media requests on behalf of the Company. Media inquiries requesting the Company's statement or position are to be directed to the Vice President of Marketing.

What to do if the Media calls:

- All representatives should use the following phrase: "Thank you for calling. Please provide me with your name, business name and return phone number. I will forward this message to the appropriate person."
- Information collected should immediately go to the Vice President of Marketing for proper handling.
- To contact the Vice President of Marketing, please call the Home Office at 317-788-2500.

SOCIAL MEDIA

A representative who chooses to list the Company as an employer on social media is required to adhere to this Code while posting, commenting, or sharing information. Under no circumstances are photos, videos or images of a Patient, or any other Patient information, to be posted on personal social media sites.

EXCLUSION PROGRAM

Federal law prohibits health care providers, such as the Company, from employing or doing business with individuals or entities that have been excluded from participating in federally funded healthcare programs (Medicare and Medicaid). The U.S. Department of Health and Human Services Office of Inspector General and the U.S. General Services Administration maintain lists of individuals and entities that have been excluded. The company is prohibited from contracting with, employing, or billing for services provided by an individual or entity that:

- Is excluded from, or is ineligible to participate in, federal healthcare programs.
- Is suspended or barred from federal government contracts.
- Has been found guilty, by a court of law, or disciplined by a licensing authority, for certain types of mistreatment of Patients, as well as other crimes involving theft, exploitation or violence.

Screening occurs during the preemployment process, or in the case of a vendor, prior to the provision of services. Employees and vendors are then screened on an ongoing basis to support compliance with applicable laws.

Employees:

Employees must immediately notify their Administrator, Human Resources and Compliance of any communication suggesting or indicating the following:

- The employee is or may be unable to provide, or is or may be excluded from providing, services that are reimbursed by Medicare and/or Medicaid;
- Any conviction of a crime, or
- Any complaint or sanction against a license or certification.

Employees who have been convicted of a healthcare related crime, or excluded from a federal healthcare program, will not be employed by or otherwise engaged by the Company at any time.

Vendors:

Vendors are responsible for taking all necessary steps to ensure that they and their personnel are not excluded, debarred, or otherwise ineligible to participate in Medicare or Medicaid or any other Federal or State Health Care Program.

CONFLICTS OF INTEREST

A conflict of interest occurs when an individual's personal interest or obligations could compromise their judgment, decisions, or actions in a way that could harm the Company.

Examples of conflicts of interest could include:

- Dual or Outside Employment: occurs when a representative works for a competitor or has a second job while still employed by the Company. Representatives should refer to the ASC Employee Handbook for guidance on how to handle this situation.
- Sharing Confidential Information: occurs when using or sharing the Company's proprietary information for personal gain or with a competitor.
- Financial Interest: occurs when investing in a competing business or accepting gifts from vendors that could influence decisions.
- Personal Relationships: occurs when an representative favors a friend, family member or romantic partner in a way that is unfair to other representatives.
- Nepotism: occurs when one hires a family member or friend for a position for which they are not qualified.

It is essential that representatives avoid situations in which conflicts of interest or the appearance of conflicts of interest could arise. The Company has a process whereby certain individuals are required to complete annual conflict of interest disclosures.

All employees who suspect that they have a conflict of interest or the appearance of a conflict of interest must immediately report the matter to the Compliance Department.

The complete Conflict of Interest Policy is located on Relias Policy Pro.

COMMITMENT TO COMPLIANCE EDUCATION & TRAINING

Compliance education and training are key to providing quality care, excellent service, accurate billing, and conducting legal and ethical business practices. The Company utilizes training programs and its online education system to provide instruction on the Compliance Program and to ensure representatives receive training to support their understanding of compliant and ethical professional practices. Training requirements established through the Compliance and Ethics Program must be completed by the deadline. If an employee has not completed education requirements by the deadline, the representative will be removed from the schedule until assigned trainings are complete. Education is monitored through the Company's Online Education System (Relias), personnel files and in-service records.

LICENSE & CERTIFICATION

Representatives who must possess a license or certification by job code or law must maintain their license or certification in active standing.

During employment or services with the Company, it is your responsibility to renew your license or certification as required by law and provide verification of renewal to the Company. It is also your responsibility to notify appropriate agencies and the Company of any name or address changes.

Representatives are required to immediately report to their Administrator, Human Resources and Compliance if any licensing or certification agency has initiated any investigation of, or otherwise taken any action against, your license or certification, or if you have worked for any period of time while your license or certification was expired or lapsed.

The Company is required to report to licensing authorities' knowledge of representative actions that would indicate unfitness for service.

CONTRACTORS & VENDORS

Company contractors and vendors are required to follow applicable laws and regulations. Contractors and vendors are encouraged to have a compliance program and are expected to follow this Code. Contractors and vendors who create, receive, maintain or transmit PHI for, or on behalf of, the Company are required to sign a business associate agreement. Contractors and vendors whose services require access to the Company's electronic medical record must sign an EMR Access Agreement.

CHARITABLE & POLITICAL ACTIVITIES

The Company understands that representatives may desire to participate in charitable and/or political activities. Such involvement is entirely voluntary, must be on personal time and must not harm or embarrass the Company.

Guidelines Relating to Charitable Activities

- Prior authorization from a manager or supervisor must be received before any contribution of Company funds, property or services may be made to a charity or not-for-profit organization.
- Representatives are permitted to ask other representatives to make charitable contributions. However, representatives must never pressure others into supporting a charitable cause.
- Participation in charitable fundraising drives or similar activities should not intrude upon or interfere with time at work and should never become a distraction to you or other representatives.
- Representatives may not use Company email to solicit charitable contributions.

Guidelines for Political Activities

- Representatives may not pressure or solicit other representatives to make political contributions or participate in activities or events in support of a political party or candidate.
- Representatives must comply with all federal, state, and local laws regulating participation in political affairs.



24/7/365

HOTLINE

Any representative may report any concern to the Compliance Hotline 24/7/365.

The Hotline:

1-888-788-2502

The Anew online reporting portal (Webline):

www.AnewHotline.com

By email:

ASCCompliance@ASCCare.com



VISION

Indiana's most trusted and valued partner for compassionate care, delivered in the comfort of your home, surrounded by those you love most.

MISSION

To enhance your life story by creating healthcare experiences that inform, integrate and inspire, so you can live well, wherever you call home.

CORE VALUES

- **Community:** Creating a culture of compassion, warmth, and belonging, where everyone is welcome by conducting ourselves with integrity, dignity, decency, and respect.
- **Innovation:** Acting with passion, creativity, curiosity, and courage, challenging the status quo, and finding new ways to grow professionally and personally.
- **Quality:** Achieving the best in all that we do and never accepting mediocrity, while holding ourselves accountable for the outcome and results.
- **Optimism:** Leading with inspiration and influence to assist each other and the organization in reaching its potential, knowing that tomorrow can be better than today.
- **Collaboration:** Communicating expectations and creating experiences with and through others, utilizing decisive, authentic, honest, and clear communication.