



METHODIST HEALTH PARTNERS

METHODIST HEALTH PARTNERS, INC.

STANDARDS OF CONDUCT FOR CONTRACTED PROVIDERS

The Board of Directors of Methodist Health System has adopted a Corporate Compliance Plan setting forth its commitment to operate ethically and in compliance with all applicable laws and regulations. This Program is a voluntary undertaking as part of a continuing effort to ensure compliance with all statutory and regulatory requirements which relate to the operations of Methodist Health System and its affiliates. The Compliance Plan's goals include the detection and prevention of violations of civil and criminal statutes and regulations, in order to minimize the legal risks.

The Board of Directors of Methodist Health System has also adopted a Code of Conduct for employees and agents to assure that employees and agents are aware of the compliance policies and are accountable to follow these standards of conduct. Methodist Health Partners ("MHP") and its employees and agents are subject to the system-wide Corporate Compliance Plan and the Code of Conduct.

MHP contracts with physicians and other health care practitioners for participation in Medicare Advantage plans and other similar Medicare products. Participation in such Medicare plans subjects MHP and its contracted providers to compliance requirements applicable to first tier and downstream entities of the plans with which MHP contracts.

To carry out its responsibilities to such Medicare plans, the Board of Directors of MHP has adopted these Standards of Conduct for MHP contracted providers who participate in such plans. These Standards of Conduct are tailored to the role of MHP contracted providers.

MHP expects the same level of commitment to compliance from its contracted providers and their practice entities as exists for MHP. This includes adoption and maintenance of their own compliance policies and adherence to Standards of Conduct set out by MHP consistent with requirements placed on MHP by Medicare Plans with whom we contract.

These Standards of Conduct will be distributed by MHP to each contracted provider group on an annual basis. It is the responsibility of all provider groups to distribute the Standards of Conduct to its health care practitioners and key employees within 90 days of hire and annually thereafter.

SCOPE OF STANDARDS OF CONDUCT

These Standards of Conduct applies to each MHP contracted provider group and its physicians, other health care practitioners, and key employees (collective referred to as "MHP Providers").

STANDARDS OF CONDUCT

Each MHP Provider is expected and required to comply with each of the following duties and to assure that his or her behavior and activity is consistent with the requirements of these Standards of Conduct.

1. BECOME AND REMAIN EDUCATED AND INFORMED REGARDING LEGAL ASPECTS OF RESPONSIBILITIES

Each MHP Provider is expected to be sufficiently knowledgeable about the legal aspects of his or her responsibilities and activities to be able to avoid inadvertent violation of statutes and regulations. At minimum, this expectation requires the individual to review the Methodist Health System Corporate Compliance Plan as required by MHP and found at Bestcare.org/MHP/compliance. It is further expected that each MHP Provider will pursue a reasonable amount of self-education through reading or attendance at seminars and conferences. Finally, each MHP Provider is expected to notify MHP whenever he or she has a question or has identified a need for additional information or education in regard to compliance matters.

2. REPORT CONDUCT SUSPECTED TO BE ILLEGAL

Each MHP Provider is expected to report conduct that is known or suspected to be illegal or in violation of MHP policy. Persons making reports are encouraged to reveal their identity for the purpose of follow-up, but anonymous reports are acceptable. The identity of reporting individuals and the content of reports shall be treated as confidential information and shall be disclosed only to persons within MHP charged with investigative and enforcement responsibilities, to others with a legitimate need to know, or to governmental agents during investigations upon a showing of proper authority.

Reports can be made through the NMHS Corporate Compliance Reporting Link (phone: English speaking USA and Canada: **877-640-0005** or Spanish speaking USA and Canada: **800-216-1288**) or online at www.lighthouse-services.com/nmhs. All reports of wrongdoing will be investigated to the extent necessary to determine their validity, and appropriate action will be taken, which may include termination of participation in MHP or the contracts with the Medicare Plan. When appropriate, MHP will report any violations to the Medicare Plan, Medicare, and other applicable authorities and regulatory agencies.

No MHP Provider making such a report will be retaliated against by MHP or any of its affiliates, employees or agents. Discipline for engaging in acts that violate applicable laws and regulations, making knowingly false reports, or discipline for any other performance-related reason unconnected to reporting potential violations is not retaliation. Disciplinary or corrective action in response to substantiated allegations will be an integral part of compliance reporting.

3. COOPERATE WITH INVESTIGATION AND FOLLOW-UP CORRECTIVE ACTION

Each MHP Provider is expected to and shall comply with any compliance investigation or audit conducted by MHP, a Medicare Plan, or government agencies. This includes providing access to records as requested. Each MHP Provider should also comply with appropriate corrective actions arising out of the investigation or audit.

4. COMPLY WITH LAW AND AVOID ENGAGING IN ILLEGAL OR POTENTIALLY ILLEGAL CONDUCT

Each MHP Provider is expected to and shall comply with applicable laws related to their job responsibilities and refrain from knowingly participating in illegal activities or failing to meet affirmative legal duties. An important step in meeting this duty is being sufficiently informed about the law affecting the individual's responsibilities to be able to identify potential legal issues and seek guidance as required.

5. ADHERE TO THE CMS COMPLIANCE PROGRAM GUIDELINES AND TO MHP COMPLIANCE PLANS

Each MHP Provider is expected to read and be familiar with the content of any Compliance Plans applicable to the responsibilities of such individual. These include those applicable to downstream Providers under Chapter 21-Compliance Program Guidelines of the Medicare Managed Care Manual (<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf>), other CMS compliance standards, and any policies adopted by MHP and distributed to MHP Providers. It is further the responsibility of each MHP Provider to seek consultation and assistance whenever the requirements of a Compliance Plan are unclear to the individual.

6. CARRY OUT DUTIES IN AN ETHICAL MANNER

Each MHP Provider is expected to carry out his or her duties in furtherance of the commitment of MHP to conduct itself, through the actions of its employees, agents, and contracted providers, in an ethical manner reflecting its mission and purpose and not merely to avoid violations of law.