



WHITMAN-WALKER HEALTH

Whitman-Walker Health Guide to Ethical Conduct

Integrity **Excellence** **Dedication**

Integrity is the foundation upon which all successful enterprises are built.

Our clients, co-workers and the communities where we work expect us to conduct ourselves in an honest and ethical manner every day. We know that Whitman-Walker Health (“WWH”) employees, volunteers and agents (hereinafter for purposes of this Guide jointly referred to as “workforce members”) desire to conduct themselves ethically and according to the law. The health center's Guide to Ethical Conduct (the “Ethics Guide”) is a means of reaffirming our shared commitment to certain core values.

WWH’s commitment to the highest standards of integrity begins with ensuring that every individual performing activities or services of any nature on the health center’s behalf understands the values that define how the organization should conduct itself and that provide the foundation for this Ethics Guide:

Responsibility

WWH demands the highest standards of individual and organizational honesty and integrity from each workforce member and from the organization as a whole. We are committed to safeguarding organizational assets and complying with all organizational policies and Federal, state and local laws and regulations that apply to our activities. We honor the commitments made by the organization, and take personal responsibility for our actions.

Excellence

WWH engages in an ongoing effort to improve the health center’s services, processes and the personal effort each member of the workforce brings to their work. We strive to understand our patients and clients and provide them with excellent services. We are dedicated to diversity, fair treatment, mutual respect and trust. We invite an operating discipline that encourages continuous improvement.

Dedication

WWH is dedicated to serving all customers of the health center in the best way possible knowing that the level of care and services we provide can literally mean the difference between life and

death for many of our patients. We bring the highest level of commitment to the work we do at WWH each and every day.

This Ethics Guide is designed to help WWH's workforce understand what is expected of each and every one of us so that we can be informed and thereby further a culture of compliance across the organization. While we each have specific duties and responsibilities in our spheres of influence, we are collectively responsible for the worthy goal of meeting WWH's core values in every activity we undertake on the organization's behalf, whether large or small.

Please join me in continuing to make Whitman-Walker Health a strong, successful and honorable organization.

Don Blanchon
Chief Executive Officer

Overview

WWH and its workforce members are required to comply with all laws and regulations applicable to the health center. Every member of WWH's workforce has a duty to report any violation or suspected violation of the law or WWH's Ethics Guide.

Duty to Report

When in doubt about a particular law, regulation or WWH policy or procedure governing conduct ("conduct standards"), speak with your direct supervisor, the Senior Director of Corporate Compliance and Risk Management, Director of Compliance or the Director of Human Resources before acting in a manner that may jeopardize WWH's reputation for integrity, and expose WWH and you to liability. Any potential violation of the law, regulation, this Ethics Guide or any other conduct standard should be disclosed in a timely manner. A failure to report violations can have substantial consequences. In addition to the possibility of being held personally liable for the improper conduct in question, you may be subject to discipline, including possible termination from employment. So, when in doubt, speak up.

There are a number of ways that violations, potential violations or questions about compliance issues may be raised or reported. First, a workforce member may discuss the matter with an appropriate immediate supervisor who, in turn, will report the matter to the Senior Director of Director of Compliance. Second, staff may independently alert the Compliance Department by contacting Judy Jenkins, Senior Director of Corporate Compliance and Risk Management or Stella Johnson, Director of Compliance, by phone or e-mail at (202-939-7694 or jjenkins@whitman-walker.org, or 202-797-4416 or sjohnson@whitman-walker.org). WWH's Chief Executive Officer or any member of the executive team is also available to discuss any compliance-related concern you may have. Finally, you may submit a report (even an anonymous report, although WWH cannot promise that anonymity will be maintained) by calling WWH's EthicsLINE at 202.797.4450 or by writing Whitman-Walker Health EthicsLINE, WeWork Manhattan Laundry, 1342 14th Street, NW, Washington, D.C. 20009. WWH will undertake an investigation in response to the report, and every effort will be made to handle the report on a confidential/need to know basis.

Staff is required to cooperate fully in any investigation of alleged misconduct at WWH. **As explained in detail in WWH's Whistleblower Protection Policy, no staff member who reports a compliance matter will be subject to retaliation that is based upon the staff**

member's filing of a report (unless, of course, the staff member makes intentionally false accusations regarding a compliance matter, in which case appropriate discipline, as well as legal sanctions, may result).

Standards of Conduct

I. Conflicts of Interest

WWH workforce members are required to conduct themselves fairly and objectively, keeping the best interests of the health center and its customers at the forefront at all times. Any facts or circumstances that create or may create a conflict of interest should be disclosed to the Compliance Department when they arise. A conflict of interest is defined broadly to include any conflict between your personal interests and the interests of the health center that could influence the objective exercise of your duties and responsibilities as a member of WWH's workforce. A conflict of interest is not limited to financial interests in other entities that may create a conflict. A conflict may also arise when, for example, you are engaged in activities involving another organization and those activities create the potential that your duty of loyalty to WWH may be compromised. The important thing to remember about conflicts of interest is that the goal is to be fully transparent so that potential conflicts will be disclosed, reviewed and, when necessary, appropriately managed.

Every member of WWH's workforce is required to comply with WWH's Conflict of Interest Policy, including meeting annual and ongoing conflict of interest disclosure requirements. While employees are required to submit an annual Conflict of Interest Disclosure Form, every employee has an ongoing duty to disclose conflicts at any time they may arise. Thus, for example, a WWH employee engaged in the review and approval of a procurement action should disclose any facts or circumstances that may influence the employee's decision making in connection with the procurement and, when necessary, the employee should be recused from any involvement in the procurement action. WWH employees engaged in the performance of clinical research that is funded by the Public Health Service are subject to WWH's organization-wide Conflict of Interest Policy and a separate Policy applicable only to individuals who act as "investigators" on PHS-funded clinical research projects.

II. Prohibited Gifts, Bribes and Kickbacks

WWH seeks to avoid conduct that could violate the Anti-Kickback statute or other Federal or State laws or that may create the appearance of impropriety. The Anti-Kickback Act prohibits WWH or its staff from intentionally offering, paying, soliciting, or receiving any remuneration (basically, anything of value, in cash or in kind) in order to induce or reward referrals of items or services reimbursable under a federal health care program. The Department of Health and Human Services Office of Inspector General (HHS-OIG) has recommended that providers avoid soliciting, accepting or offering any gift of more than nominal value to or from those who may benefit from a referral of federal health care program business. According to the HHS-OIG "under the anti-kickback statute, neither a legitimate purpose for an arrangement (e.g., physician education), nor a fair market value payment, will necessarily protect remuneration if there is also an illegal purpose (i.e., the purposeful inducement of business)."

WWH employees are prohibited from soliciting or accepting personal gifts of any kind from any individual or entity that WWH does business with except under specific circumstances set forth in

WWH's Guidance to Employees on Gifts. Generally, any gift in excess of \$50, whether a single gift or more than one gift that when combined would exceed \$50 during any calendar year, may not be accepted from any individual or entity that WWH does business with. Staff should consult the Guidance before accepting any gift and raise any questions they may have relating to the acceptance or provision of a gift with the Compliance Department.

Also, no WWH staff member should offer or give anything of value, including money, property or services, to any person with the expectation of influencing the decision-making process of such person.

Examples of Prohibited Conduct under WWH's Guidance on the Acceptance of Gifts

Suzi is the health center's point of contact for Joe, an individual who supplies paper. In appreciation for the health center's business, Joe provides Suzi with two tickets to a Washington Capitals game valued at \$100.

Dr. J has dinner at an expensive DC restaurant with Mary, a representative of a manufacturer of an HIV medication commonly prescribed by Dr. J. Mary picks up the tab.

Nurse Betty is invited to participate in a health care conference as a "consultant" that will be held in Florida by a manufacturer of a medical device. The manufacturer offers to pay all her expenses to attend the conference, as well as a \$2500 fee. During the three-day conference, Nurse Betty participates in a 1/2 hour panel discussion.

Jane wants to develop a better working relationship with an employee of the Department of Health and Human Services who is involved in reviewing her employer's grant proposals so she offers to take the employee to lunch.

III. False Claims and Whistleblower Protection

The submission of false claims or false statements to the Federal or DC governments exposes WWH and its workforce members to liability, including significant monetary penalties, damages, and possible exclusion from participation in federal health care programs. The Federal Civil False Claims Act prohibits WWH from knowingly presenting (or causing to be presented) a false or fraudulent claim for payment or approval to the Federal Government. The Act also makes it unlawful to submit or cause to be submitted false records or statements to get a false or fraudulent claim paid or approved. Employees should take note that the District of Columbia also has a false claims statute that, in effect, mirrors the Federal Civil False Claims Act.

The term "knowingly" is broadly defined under the Federal Act to include reckless disregard of the truth or falsity of a claim submitted to the United States Government for payment. Ignorance about the federal requirements dictating the terms upon which payment will be made may amount to reckless disregard of the truth or falsity of a claim. It is therefore crucial that all WWH employees, particularly Program Managers, be knowledgeable about the statutory and regulatory requirements that are applicable in their respective program areas.

The following examples are illustrative of possible violations of the civil and criminal false claims statutes:

Billing for items or services not rendered or not provided as claimed.

Dr. X, a gynecologist, bills Medicaid for pap smears she did not perform.

Submitting claims for equipment, medical supplies and services that are not reasonable and necessary.

Dr. X bills Medicare for a service that is not warranted by a patient's documented medical condition, i.e., an item or service for which there is no documented medical necessity.

Billing for non-covered services as if covered.

FQHC bills Medicare for vaccines administered by a nurse in the absence of a face to face visit involving the patient and the patient's provider.

Knowing misuse of provider identification numbers, resulting in improper billing.

Dr. A, who does not yet have a provider identification number, bills Medicare for services rendered to patients using Dr. B's provider identification number.

Upcoding the level of service provided.

Dr. Z routinely bills Medicare for Level 4 Evaluation and Management Code when he spent 15 minutes with his patients and provided only a medication check.

Submitting fraudulent time records.

Jane routinely submits time and effort reports asserting that she has spent 50% of her time on federally-funded research grant X (according to the percentage of effort identified in the budget for grant X) when, in fact, she has been spending less than 20% of her time on grant X due to instructions she received from her supervisor to work on a different research project.

Failing to notify the Government of Overpayments.

A community health center discovers it received a \$20,000 overpayment from the Medicare program, but fails to take steps to return the overpayment.

Under the Federal and DC False Claims Acts, individuals (also referred to as “whistleblowers” or “relators”) are encouraged to report an employer's fraud and abuse to the United States Department of Justice or DC law enforcement authorities in exchange for a possible monetary reward. If the authorities obtain a monetary recovery based on a lawsuit brought by the whistleblower in the name of the Federal or DC Government, the whistleblower is eligible to receive a portion of the Government's share of any recovery from the violator. Whistleblowers are also protected from retaliation by their employer based on their disclosure of potentially unlawful conduct. WWH has a Whistleblower Protection Policy that is designed to ensure that all employees are fully informed about their rights, including the right not to be retaliated against based on a disclosure of wrongful, or potentially wrongful, conduct.

IV. Drug Free Workplace

Substance abuse – whether alcohol or drug abuse – poses a serious threat to the safety, health and productivity of the organization, staff and clients. WWH has a drug/alcohol-free workplace policy that every workforce member must abide by. Workforce members may not manufacture, distribute, dispense, possess or use controlled substances on WWH's premises. The illegal use, sale or possession of narcotics, drugs or other controlled substances on WWH premises, or off

WWH's premises while conducting health center business, will result in disciplinary action including possible termination of employment. The use of alcohol while on the job, except when a specific exception applies such as in the case of a fundraising event, is also prohibited. Employees should consult WWH's Drug Free Workplace Policy for additional information.

V. Confidential And Proprietary Information

Information developed by the health center can be valuable and therefore needs to be protected from disclosure to third parties. Staff members who access confidential or proprietary information may not disclose the information outside the organization without appropriate authorization, and may not use the information for personal gain or for the benefit of a third party. Workforce members are expected to respect WWH's proprietary and confidential information by avoiding sharing the information with anyone – even a co-worker – who does not possess the right, or have the need, to know about it.

The term “confidential or proprietary information” includes but is not limited to information, oral or written, relating to WWH's business activities, operations or finances.

All WWH workforce members are expected to strictly adhere to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Privacy and Security Rules issued by the Department of Health and Human Services to implement HIPAA. No staff member should use or disclose a client's Protected Health Information (any identifying information including demographic information, such as name, address, social security number, and other information about the client relating to the client's health or condition, the provision of health care to the client, or payment for the provision of health care to the client). As a general rule, unless a use or disclosure is for the purpose of treating a client (such as provider to provider referrals), obtaining payment for services provided to a client (such as obtaining reimbursement from an insurer for services rendered), or Health Center operations (such as internal quality improvement activities or compliance activities), staff should obtain a client's written authorization before using or releasing Protected Health Information. Mental health information, substance abuse information and HIV related health information is particularly sensitive and, as a result, there are laws and regulations that establish even stricter privacy requirements for this information. Specifically, the disclosure of mental health information is governed by both HIPAA and the DC Mental Health Act, which includes stricter privacy requirements than does HIPAA. The release of substance abuse and treatment related information about WWH patients is governed by HIPAA and Federal Regulations, 42 CFR Part 2. All workforce members, but particularly those employees who provide behavioral health related services, must be familiar with, and adhere to, the special privacy requirements applicable to behavioral health and substance abuse information.

WWH staff members receive periodic training relating to the HIPAA statute, and should refer to the Health center's HIPAA-related policies and procedures for more specific guidance regarding HIPAA compliance. Any questions relating to HIPAA requirements or any information about a breach or potential breach of a client's protected health information should be directed to WWH's Compliance Department.

The following Are Examples of Improper Disclosures of WWH and Client Confidential and Proprietary Information:

Jody takes her laptop home with her. She has downloaded unencrypted individually identifiable client information to the hard drive on the laptop. The laptop is stolen when Jody leaves it in an unlocked car while shopping at Whole Foods.

Dr. G routinely fails to retrieve confidential health information faxed to her from the copier machine. Bud, a client, is walking through the Health center on his way to visit the legal services department. He stops to read Dr. G's progress notes about another client.

Sam calls Fred, a patient, to inform him about the status of an HIV test. Fred's mother Sally answers the phone. Sam informs Sally that Fred's test was positive and that it is urgent that he return for care.

Marge, a WWH senior manager, attends a Board of Directors meeting where an interesting discussion about WWH's finances is taking place. At a dinner with friends, Marge relays what she learned at the Board meeting.

George has a good friend who works at a non-profit organization that secures housing for low-income HIV positive individuals. George wants to help his friend obtain financial support for his organization, so he shares WWH's proprietary donor records, including addresses and personal information, with him.

VI. Political Activities and Lobbying

While WWH encourages its staff to be well-informed and involved in the political process, such involvement must be entirely voluntary and take place outside of the workplace. Staff is not permitted to contribute organization funds, property or services to any political candidate, party or committee. Staff is barred from soliciting other staff members to make political contributions to or support a party or candidate and must comply with all national, state and local election laws.

Any communication (written or oral) that is an attempt to influence (for or against) specific legislation, including appropriations, is considered to be lobbying for purposes of WWH's Ethics Guide. No staff member shall be permitted to undertake lobbying activities without the express approval of the CEO, and the time associated with all lobbying activities must be recorded by employees as part of their time reporting. Moreover, no Federal funds shall be used for the purposes of paying any person or organization to engage in lobbying activities on behalf of Whitman-Walker Health. Any questions relating to lobbying activities should be directed to the Compliance Department.

VII. Consequences of Violations

WWH will act promptly and decisively in response to allegations of misconduct in order to appropriately address the potential improper conduct and reduce the likelihood of recurrence. An investigation of the alleged misconduct will be undertaken to determine whether a material violation of applicable law, this Guide to Ethical conduct or any other standard of conduct has occurred. In some cases, WWH may opt to retain outside legal counsel to handle the matter. All WWH staff members should be aware that their involvement in any misconduct that is harmful to the organization, its clients, or the Federal, State and local governments from which WWH derives financial support, will be treated very seriously. Depending on the nature of the misconduct and the

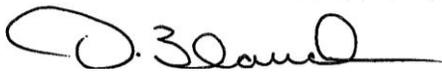
results of an investigation, those responsible for the misconduct (or who failed to report misconduct of which they were aware) will be subject to disciplinary action, up to and including possible termination of employment. As noted above, in addition to disciplinary actions, those who are involved in illegal activities may also be subject to significant civil or criminal penalties or exclusion from participation in Federal and State health care programs.

VIII. Education and Training

Appropriate education and training about the laws and regulations that apply to WWH’s activities is an essential part of WWH’s compliance program. Every effort will be made to ensure that workforce members are fully informed about the requirements of the laws and regulations that apply to their activities at WWH. While WWH's Compliance Department is responsible for overseeing the implementation of WWH's Compliance Program policies and procedures, Program Managers are tasked with taking principal responsibility for the laws and regulations that apply to activities undertaken by workforce members under their direction and supervision. It is WWH’s goal to ensure that every workforce member is afforded an opportunity to have their questions about how the laws apply to their unique job responsibilities answered. WWH believes in a “top-down” compliance mentality – one that ensures that the highest levels of management and each and every workforce member - is committed to preserving the organization’s integrity and avoiding improper conduct.

IX. Recognition of Obligation to Adhere To The Law And WWH’s Guide to Ethical Conduct

Each WWH employee will receive a copy of WWH’s Guide to Ethical Conduct and be required to sign an Acknowledgement that they have received, read, and understood the requirements of the Guide. Staff members are obligated to adhere to all the laws and regulations that govern WWH’s activities, report any violations of the Guide to WWH management, and cooperate fully in any investigation of alleged misconduct. The Health center’s Guide to Ethical Conduct shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors and Federal and State law and regulations.



Chief Executive Officer



Senior Director of Compliance and Risk Management

A handwritten signature in black ink, appearing to be 'W. J.', with a long horizontal flourish extending to the right.

Board Secretary

Dated: July 28, 2014; Updated on January 17, 2018