



# CODE OF ETHICAL CONDUCT



# CODE OF ETHICAL CONDUCT

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## INTRODUCTION

Cooper University Health Care is a leading academic health system that has been providing advanced, quality health care to the residents of the South Jersey and Philadelphia region for more than 130 years. In achieving our mission, to serve, to heal, and to educate, the team members at Cooper pledge to act ethically and in compliance with all applicable laws and regulations.

Every team member of Cooper University Health Care has been placed in a position of trust — by our patients, by our organization, and by our community. That trust demands an unyielding commitment to ethical decision-making at all times. We must recognize that Cooper's strength will always rest on the solid foundation formed by our conduct and behavior as individuals committed to acting ethically, honestly, and with integrity in all that we do.

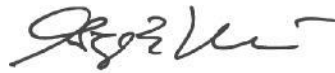
Cooper's Code of Ethical Conduct is an essential component of our Compliance Program. It is intended to provide commonsense guiding principles to be applied each and every day. This Code is central to continuing and strengthening a systemwide environment committed to doing what is right.

Of course, no code of conduct can substitute for integrity, candor, good judgment, and common sense by individual team members. In a very real sense, Cooper's long-term commitment to the principles embodied here rests with all of us.

If you reasonably feel that Cooper's standards are being compromised, it is your obligation as a member of the Cooper team to correct the problem. You have resources to help you do so. When you see a problem, consult with a supervisor, seek help from our Compliance, Legal, or Human Resources Departments; or contact our Compliance Hotline (833.435.1006) or [MyComplianceReport.com](https://www.cooperhealth.com/mycompliancereport). Compliance and Ethics Reports can be made anonymously and always without fear of retaliation.

Thank you for your commitment to excellence and to the fundamental principles embodied in this Code.

Very truly yours,



**George E. Norcross III**  
*Chairman*  
*The Cooper Health System*



**Kevin O'Dowd, JD**  
*Co-President & Chief Executive Officer*  
*Cooper University Health Care*



**Anthony Mazzarelli, MD, JD, MBE**  
*Co-President & Chief Executive Officer*  
*Cooper University Health Care*



**Leslie Gordon**  
*Audit, Ethics and Compliance Committee Chair*  
*The Cooper Health System*

THE COOPER  
UNIVERSITY  
HEALTH SYSTEM

Cooper University Health Care is the leading academic health system in South Jersey and provides access to primary, specialty, tertiary, and urgent care, all within one complete health system. Cooper has more than 8,500 team members, including 850+ physicians and non-physician practitioners, practicing in more than 75 specialties. Hospitals throughout the region send the most complex and critically ill and injured patients to Cooper for treatment by our highly skilled experts. Cooper University Health Care receives more than 1.6 million patient visits annually and treats patients from all 50 states and 35 countries.

Cooper operates South Jersey's only Level I trauma center (Cooper University Hospital), which is the busiest trauma center in the Philadelphia region. Cooper is also home to a leading cancer center (MD Anderson Cancer Center at Cooper), the only Level II pediatric trauma center in the Delaware Valley (Children's Regional Hospital at Cooper), three urgent care centers, and more than 100 outpatient offices from Southeastern Pennsylvania to the Jersey Shore, including large regional hubs in Camden, Cherry Hill, Voorhees, Willingboro, and Sewell.

Cooper University Health Care is affiliated with — and its physicians are on the faculty of — Cooper Medical School of Rowan University, which is located on the Health Sciences Campus in Camden, New Jersey. Cooper has a long history in the City of Camden and is playing a leading role in its revitalization.

For more than 130 years, Cooper has been committed to providing expert, compassionate care.

**MISSION**

*To serve, to heal, to educate.*

**VISION**

*We will be the best place to be a patient, the best place to work,  
and the best place to learn and practice medicine.*

**Cooper Values**

***Compassion***

We are caring, kind, and empathetic, taking action to relieve the suffering of others.

***Inclusion***

We respect others, value differences, and promote a sense of belonging for all.

***Excellence***

We are honest, professional, active, accountable, innovative, and passionate about quality.

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COMPLIANCE  
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## Cooper Compliance Program

The Cooper University Health Care ("Cooper") Compliance Program was created to promote and sustain Cooper's commitment to provide high-quality medical services consistent with high standards of business ethics and in compliance with applicable law, our values, mission statement, and policies. This Code of Ethical Conduct is distributed as part of the Compliance Program.

The Compliance Program provides a means to communicate all policies and procedures related to ethical conduct and compliance to Cooper team members as well as to those who conduct business with and on behalf of Cooper. It contains detailed policies, that govern conduct undertaken in connection with Cooper, methods by which Cooper will measure and assess compliance, and procedures to respond to noncompliant conduct.

### *Cooper Compliance Department*

The Chief Compliance Officer and the Compliance Department oversee the implementation of the Compliance Program. The Chief Compliance Officer reports to the Audit, Ethics, and Compliance Committee of the Board of Trustees, comprising of at least two members of the Board and up to five additional members.

Members of the Compliance Department serve as a resource for anyone with questions or concerns about how Cooper is conducting business. Members of the Compliance Department provide education on compliance issues both through the Cooper Learning Network and through live training.

The Compliance Department is available to receive reports of any conduct that may be in violation of law or regulation or that conflicts with Cooper's Code of Ethical Conduct, policies, or procedures. Reports received through the Compliance Department may be made anonymously through the Compliance Hotline (833.435.1006) or [MyComplianceReport.com](https://www.cooperhealth.com/mycompliancereport). Compliance and Ethics Reporting are investigated with due care and sensitivity.

### *Scope of the Compliance Program*

The Compliance Program and this Code of Ethical Conduct apply to everyone who is part of the Cooper Health System ("Cooper Representatives"), including:

- Members of the Board of Trustees and its committees.
- Cooper's executives and officers.
- All Cooper team members employed at all locations, including contract, part-time, and temporary team members.
- Residents, students, and volunteers.
- Medical staff.
- Agents of Cooper.

## Obligations of All Cooper Representatives

Cooper Representatives are, without exception, required to follow the Compliance Program and this Code of Ethical Conduct. Cooper Representatives have an affirmative obligation to report known or reasonably suspected violations of law, regulation, or Cooper policy.

## Additional Responsibilities of the Board and Board Committee Members

The Cooper Board of Trustees is the governing body responsible for providing sound governance and oversight that drives accountability throughout Cooper. The Board and its Committees oversee strategic decision-making, compliance, information assurance and privacy, risk, safety, quality of care, treatment, and services provided by the organization and have fiduciary responsibility for the financial health of the organization.



### *The Cooper Board:*

- Directs Cooper leadership to make the best decisions for our patients, our team members, and community.
- Discloses potential or perceived Conflicts of Interest to ensure that all decisions made in conducting Cooper business are made in a manner that promotes the best interest of Cooper and is free of any bias that may affect independent judgment.
- Fosters a culture of integrity where we are expected to comply with all applicable laws, rules, and regulations.
- Promotes diversity, equity, and inclusion among and throughout the Cooper University Health System community.

## **Special Responsibility of Leaders**

It is important for all Cooper leaders, whether executive staff, senior staff, medical staff leadership, supervisors, or managers, to recognize their additional responsibilities in monitoring, certifying, and ensuring adherence to Cooper policies.

### *Every Leader Must:*

- Serve as a role model for supporting Cooper's Mission, Vision, and Values
- Clearly communicate their expectations for high standards of ethical behavior to their team members
- Ensure that those they lead understand their responsibilities to adhere to this Code of Ethical Conduct
- Ensure that those they lead complete all mandatory training;
- Promote a fair and just culture where team members are free to raise concerns openly without fear of retaliation
- Promptly respond to and work to solve problems, obtaining help and advice where needed
- Report suspected instances of noncompliance

Leaders are responsible for seeking help from the Compliance Office for themselves and their team members when the right action is not clear and when questions arise.

## **Code of Conduct**

### **Overview**

Cooper has implemented policies and procedures to foster and maintain an environment of compliance with our high ethical standards. This Code of Ethical Conduct is designed to represent commonsense guidelines for Cooper Representative to follow in conducting business on behalf of or in association with Cooper.

The standards set forth in our Code are mandatory and must be followed by all Cooper Representatives. Failure to comply with Cooper's Code of Ethical Conduct will result in disciplinary action for noncompliance, up to and including termination.

Ignorance, good intentions, and bad advice are not acceptable excuses for noncompliance. Failure to comply with this Code can include:

- Violating the standards in the Code
- Failing to remedy a violation
- Failing to act in a timely and reasonable manner once an issue is known or
- Failing to report a suspected violation in a timely manner

Many of the concepts discussed in this Code are embodied in more detailed policies of specific Cooper departments, such as Human Resources, Medical Staff, Compliance, Information Assurance, and Privacy, Administration, and Health Information Management. These policies and others can be found in the Cooper Policy Network, or CPN. Cooper Representatives must remain familiar with all policies pertinent to their specific role.



This Code of Ethical Conduct cannot anticipate every situation or circumstance that may arise. This Code is designed, however, to assist Cooper Representatives in making ethical decisions, guided by integrity, good judgment, and common sense. When a course of action is unclear, Cooper Representatives must seek appropriate guidance.

## General Principles

### ***Ethical Business Conduct***

Cooper is committed to providing advanced high-quality medical care to its patients in a welcoming and healing environment. In so doing, Cooper pledges to follow high standards of ethics, honesty, and integrity, and to comply with all applicable laws and regulations.

#### *Cooper Representatives Shall:*

- Provide high-quality medical care and courteous service to all patients
- Conduct business ethically and honestly, and with high standards of integrity
- Treat others with dignity, respect, and courtesy
- Be truthful in all communications — with each other, with our customers, with our business partners and with regulatory agencies
- Understand and comply with applicable laws and regulations and with Cooper’s standards, policies, and procedures
- Avoid any activity that could reasonably be expected to reflect adversely on the integrity of Cooper
- Maintain an alcohol-, smoking- and drug-free workplace
- In good faith, report known or suspected violations of law or regulation and conduct that conflicts with Cooper’s standards, policies, and procedures

### ***Commitment to Diversity, Equity, and Inclusion***

Cooper University Health Care is committed to its mission to serve, to heal, and to educate. As an institution committed to healing and serving others, we strive to create an environment of belonging for all members of the community, regardless of race, creed, ethnicity, sexual orientation, gender, ability, or age. We are committed to ending discrimination, reducing bias, and eliminating racism in any form, both internally and in service to the larger community.

### ***Caring for Our Patients***

The [Patient Bill of Rights](#) is the guiding document for our behavior toward patients and their families. We provide a copy of the [Patient Bill of Rights](#) in our patient information guide; post it on our website, and in every patient room.

Cooper Physicians, Team members, and associated Representatives will treat all patients with care and compassion; with dignity, respect, and courtesy; and without discriminatory purpose. We respect our patients’ spiritual and cultural beliefs. Examples of such behaviors include acting in the best interest of patients, maintaining positive, customer-focused behaviors, and responding to requests for information while safeguarding information security and privacy.

### ***Culture of Safety***

We are committed to maintaining a safe health care environment for our patients, their family members and our team caring for them. Cooper is committed to a “Just Culture,” which encourages all who work in our health care system to report patient safety issues, incidents and near misses so that they can be addressed through changes to systems and processes without fear or blame.





The Event and Activity Reporting System (EARS) is available to report these issues. You may access EARS from the hospital portal or any computer ([Portal Link for EARS](#)) and by telephone (856.342.2112). Reporting additionally allows Cooper to determine why an event occurred and to prevent similar events from happening in the future. Cooper Representatives are encouraged to report any concern they have about any aspect of patient care. Cooper's Patient Safety Hotline may be reached at 856.342.3047.

*A Just Culture exists when all individuals are accountable for their actions and leaders are accountable for creating a safe and reliable work environment. Individuals are accountable for their actions but are not held responsible for flawed systems, that result in dedicated and trained people making mistakes.*

**We recognize that human error is inevitable, and we learn from our mistakes. To promote a safe and reliable work environment, all:**

- Practice the behavior-based expectations and related tools
- Inform a leader if we find our team using shortcuts to complete a work process
- Inform a leader if we find it difficult to comply with a policy or standard of work

**Leaders have the responsibility to:**

- Address our concerns and process issues that impact our work
- Create an atmosphere of trust in which all are encouraged to provide essential safety/ compliance/job performance-related issues in a fair and just manner
- Take situational factors into consideration when determining disciplinary or corrective action

**We can create a safe environment within Cooper by:**

- Completing required safety training
- Complying with all laws, regulations, accreditation standards, and OSHA requirements
- Knowing how health and safety policies apply to our specific job responsibilities
- Notifying a leader about safety hazards, broken pieces of equipment, any workplace injury, or any situation presenting a danger of injury so that timely corrective action may be taken
- Reporting any safety issues, incidents, and near misses

Cooper has committed to supporting our organizational journey on becoming a High Reliability Organization (HRO) and creating a Just Culture by:

- Creating and providing mandatory education of ALL Cooper employees in HRO principles and standardized error prevention tools
- Creating and providing Just Culture training and policies to support:
  - Staff reporting errors and concerns without fear of reprisal
  - Transparency and guidance for managers and leaders to facilitate response to errors

### *Communicating With Our Patients*

Cooper Representatives must communicate with patients and their families. This includes listening to and following the choices made by Cooper patients in connection with their clinical care, as appropriate. Communication must include obtaining appropriate consent, detailing patient rights, explaining care options and risks, honoring advance directives, and respecting choice in the selection of care and service providers.

### *Making Medical Decisions*

Cooper Representatives must review medical procedures to confirm that they are medically necessary and in accordance with medical and ethical standards, regardless of compensation or financial risk. Emergency medical care—a hallmark of the Cooper Health System—will be provided without regard to the ability to pay for services. We follow the federal law, Emergency Medical Treatment and Active Labor Act (EMTALA) ([3.217 EMTALA Policy](#)), in providing an emergency medical screening examination and necessary stabilization to all patients before any transfer or discharge.



Our patients trust us to protect their privacy rights and safeguard their personal information. Cooper will use and disclose individually identifiable health information for purposes of treatment, payment, or health care operations in accordance with federal and state law.

Cooper patients may access **Cooper's Notice of Privacy Practices ([H-002 Attachment 1 - Notice of Privacy Practices](#))**, which includes descriptions of individual rights with respect to protected health information, such as the right to inspect, copy, amend, or correct their health records and the anticipated uses and disclosures of the information that may be made without the patient's written authorization.

Patients are entitled to have prompt access to the information in their medical records, as provided for in the Health Care Insurance Portability and Accountability Act (HIPAA) and the 21st Century CURES Act.

Cooper maintains detailed policies regarding HIPAA and other federal and state privacy regulations. Cooper Representatives must maintain a firm commitment to complying with these privacy laws, regulations, and policies when dealing with patient information — whether spoken, written, or electronic

Cooper Representatives may have access to many kinds of confidential, proprietary, or private information.

Cooper Representatives must access and disclose private or protected health Information (PHI), financial information, or other private material only when authorized and necessary to perform their job responsibilities. Cooper Representatives must be careful not to discuss private information in public spaces.

### *What is PHI (Protected Health Information)?*

Protected Health Information, or PHI, includes any individually identifiable information that relates to past, present, or future medical or behavioral conditions, treatment, or payment that may identify a patient and can be found in many places, including medical records and financial information.

Friends, family, or colleagues may be in the hospital or undergoing other treatment and you may be concerned about their welfare. If you are not involved in their care, you cannot access their medical record information or discuss their condition without their written permission. A verbal request from the patient to you is not sufficient. (**Link to Form: [H-005 Attachment 1 - Authorization for Use or Disclosure of PHI](#)**)

Your children are patients too. If your child is older than age 12, you may request a copy of your child's record through your child's medical office. You may not access your child's EPIC medical record. In your child's myChart, you will only be able see immunization information.

Guidance on issues related to privacy of patient information as well as reporting any actual or perceived violation of patient privacy, confidentiality, and/or security of individually identifiable health information is available through Cooper's Chief Privacy Officer (856.361.1697).

## Information Assurance

### *Cybersecurity Risks*

You are expected to follow all information security policies, including using and maintaining your own login credentials and system passwords in a responsible and confidential manner.

**Sharing your password is prohibited!**

Protecting our health care computer network is key to providing uninterrupted, quality patient care. Email from outside the Cooper Network includes a warning at the top. Use extra caution when opening an email from an outside source.

**This email did not originate from within Cooper. Please STOP and THINK before opening attachments, clicking on links, or providing any information.**

One careless click could interrupt care to our patients and cost Cooper millions of dollars. Cyber attacks on health care systems continue to rise. Cybercriminals shut down computer networks, freeze access to electronic health records, steal patient data, and disrupt health care services until a ransom is paid. Restoring computer systems after such an attack can take weeks and may have devastating consequences for the residents of Southern New Jersey, who rely on our trauma center and all other Cooper services.

YOU play a key role in preventing a cyberattack (phishing attack) at Cooper. Be vigilant and alert when opening email and clicking on links. Take these simple precautions:

- Slow down and think before you click on any link in an email;
- DO NOT click links or open attachments from unknown sources that could be a ransomware or phishing email;
- NEVER respond to emails that ask for your Cooper credentials;
- Report suspicious emails to [spamalert@cooperhealth.edu](mailto:spamalert@cooperhealth.edu) or by using the spam buttons on your Outlook toolbar;
- Contact the Help Desk IMMEDIATELY at **856.968.7166** if you believe you may have clicked a suspicious link (if working remotely, disconnect from [remote.cooperhealth.edu](https://remote.cooperhealth.edu)).

For general questions related to cybersecurity, contact Cooper's Information Assurance and Privacy Officer at 856.536.1317 or [privacyofficer@cooperhealth.edu](mailto:privacyofficer@cooperhealth.edu).

## Respect for Our Workplace

### *Maintaining a Positive and Constructive Workplace*

Cooper is committed to providing a safe and healthy environment at all of our facilities, where Cooper Representatives can excel in a positive and constructive atmosphere. Cooper Representatives shall treat others in the same way that they, themselves, would want to be treated: with dignity, respect, and courtesy. Equal employment opportunities will be extended to all individuals.

Cooper does not tolerate conduct that is unprofessional or disruptive in the workplace, including any conduct that is discriminatory, harassing, disrespectful, intimidating, threatening, or violent. Cooper encourages all Representatives to report any such conduct immediately, either to a supervisor, to Human Resources, or through the Compliance Hotline.

Cooper prohibits retaliation against those making good faith reports of such conduct.

### *Commitment to a Drug-Free Workplace*

Cooper maintains an alcohol-, smoking-, and drug-free workplace. Cooper Representatives may not be under the influence of alcohol, illegal drugs, or any other substances that may hinder their ability to perform Cooper activities or while on Cooper property.

If it is suspected that a Cooper Representative is under the influence of alcohol, drugs, or any other substances that may impair job performance or judgment, appropriate drug or alcohol

testing may be required. Any Cooper Representative found to be performing any activity for Cooper while impaired or under the influence of alcohol or illegal drugs will be subject to disciplinary action up to and including termination of employment.

Any unlawful manufacture, sale, distribution, or possession of any illegal substance on any Cooper University Health Care System property will not be tolerated.

### ***Controlled Substances***

Some of our team members routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be accessed only to fulfill job responsibilities and administered in accordance with physician orders. It is extremely important that these items be handled properly and only by authorized individuals to minimize risk to patients and to Cooper.

If you suspect or become aware of the diversion of drugs from the organization, you must report it immediately to the Drug Diversion Specialist at **856.342.2646** or in-house **100.2646** or email [Drug-Diversion-Reporting@cooperhealth.edu](mailto:Drug-Diversion-Reporting@cooperhealth.edu). You may also report through the compliance hotline (833.435.1006) or to your supervisor or Human Resources. Reports may be made anonymously. If a caller discloses their name but requests confidentiality, Cooper will keep this information confidential to the extent permitted by law.

Any other questions or concerns may be referred to the Drug Diversion Specialist or may be reported anonymously through the Compliance Hotline. Refer to the [3.411 – Prevention and Suspected Drug Diversion, Theft, Loss, and Reporting Policy](#) for details.

### ***Ensuring Environmental Safety***

Cooper Representatives must demonstrate care in ensuring the safety of our workplace and our team members. Cooper Representatives are provided with information on handling and working with hazardous materials that may be found in their workplace. It is particularly important to remain vigilant when handling and disposing of hazardous substances and when providing care to patients. It is vital that you employ all proper safety personal protective equipment (PPE) and safety measures when using equipment or when there is a potential risk of splash/exposure.

Cooper Representatives are required to report any conditions that they believe to be unsafe or to pose an environmental hazard. If a condition is an immediate threat to the safety of patients, visitors, staff, or property, Cooper Representatives must immediately contact the Environmental Safety Officer/designee by calling **856.342.2905** during normal business hours or the Clinical Operations Director after normal business hours on holidays, or if the Environmental Safety Officer's or designee's phone is not answered.

Cooper Representatives must submit a report via the EARS System available on the hospital intranet portal or from any computer at [EARS link](#). Risk Management may also be contacted at **856.342.2112** or through the Hospital Operator.

### ***Political Activities***

As a tax-exempt, not-for-profit entity, Cooper is prohibited from conducting political activities as a condition of that status. There are no exceptions to this prohibition. Cooper Representatives must refrain from engaging in activity that may jeopardize Cooper's tax-exempt status and must make sure that personal political activities are not viewed as activities taken on behalf of Cooper. Additional information about restrictions on political activities in the workplace can be found in the Cooper Policy Network (CPN) policy [1.128 Policy on Political Contributions and Activity](#).



## Honesty in Record Keeping

When thinking about record keeping, health care representatives quickly think of medical records. In reality, Cooper Representatives are given the responsibility to create, access, and modify many types of important records: financial statements, billing claims, expense reports, invoices, payroll records, benefit claims, research reports, and of course medical records. All of these affect how we conduct business at Cooper and how we take care of our patients.

Cooper Representatives must ensure that Cooper records honestly and accurately reflect the true nature of the transactions or events represented by those records. Cooper Representatives must not create records that are intended to mislead, to report false or inaccurate events, or to conceal something that is improper. It is important to remember that “records” exist in many forms, including paper and all types of electronic storage. The obligation to maintain truthful and accurate records does not change with the type of record being used.

### *Medical Records*

We ensure that medical records meet the requirements of the Bylaws and Rules and Regulations of the Cooper Medical Staff, accreditation standards, and relevant laws and regulations.

Accurate medical records are central to providing excellent medical care. Cooper Representatives must make every effort to complete medical records clearly, completely, and promptly, with every individual taking responsibility for the total content and accuracy of their medical documentation. Although computer and electronic tools can help to save time in preparing medical documentation, Cooper Representatives must exercise due care to document accurately and ethically to reflect the nature of the care provided.

### *Financial Records*

Cooper’s payments and other transactions are to be properly authorized by management in accordance with Cooper Finance and Supply Chain policies found on the Cooper Policy Network. Financial records must conform to generally accepted accounting principles. Financial statements and reports must fairly present Cooper’s financial condition, operations, and cash flow. It is a violation of law and Cooper policy for any Cooper Representatives to improperly influence or mislead any accountant preparing Cooper’s audit.

The duty to report accurate and truthful information also applies to internal submissions. All work time and expense records are to be reported accurately and honestly.

### *Reports to Outside Entities*

As with all Cooper records, reports to outside entities — such as to government agencies, accrediting bodies, and other authorized parties — must be truthful and accurate.

### *Record Retention*

Cooper has established record retention schedules and policies ([1.304 Records Retention Policy](#)) that explain how long a record is to be kept. Disposal of Cooper records is not discretionary. Cooper Representatives may only dispose of Cooper records when they are following Cooper’s retention policies. Records must not be destroyed whenever litigation, government investigation, or audit is pending because improper destruction may constitute a criminal offense or result in other civil sanctions.





## Integrity in Billing

### *Accurate and Truthful Billing*

Whether involved in patient care directly or indirectly, Cooper Representatives provide services that result in bills for medical care or other types of services. Cooper's bills — whether submitted to patients, government agencies, or private insurance companies — must be accurate and truthful in all ways.

Cooper will comply with all federal and state laws, regulations, guidelines, and policies related to documentation, coding, and billing practices. Cooper team members with expertise in the complicated documentation, coding, and billing requirements are available to help guide you.

To ensure the accuracy of our claims:

- Bill only for medically necessary services that were actually provided
- Follow current coding procedures and standards
- Document diagnosis, treatment, and all other components of the patient's record in a timely and accurate manner
- Correct any billing errors and refund money received in error and overpayments in a timely manner
- Submit accurate and truthful bills
- Submit accurate cost reports, as defined by applicable laws and regulations

### *Special Rules for Teaching Hospitals*

As an academic medical center authorized to train physicians, Cooper receives government funding in connection with graduate medical education and the training of residents, interns, and fellows. The federal government has created special rules (known as PATH guidelines) for teaching hospitals, which Cooper Representatives are required to follow. These rules include special documentation, billing, and coding requirements that govern the training of residents and the billing of teaching physician services, when provided in conjunction with residents. Detailed information about the PATH guidelines is available through the Compliance Program, Clinical Documentation Improvement, and Health Information Management.

## Fraud, Waste, and Abuse Laws

Health care compliance programs have been established in part to prevent, detect, and correct fraud, waste, and abuse in health care services, especially billing.

**FRAUD** is generally defined as knowingly and willfully executing or attempting to execute a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program (18 U.S.C. § 1347). *In other words, fraud is intentionally submitting false information to get money or a benefit.*

**WASTE** is overutilization of services or other practices that, directly or indirectly, results in unnecessary costs to the health care system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

**ABUSE** is payment for items or services when there is no legal entitlement to that payment and the individual or entity has not knowingly and/or intentionally misrepresented facts to obtain payment.

### *False Claims Laws*

Federal and state laws, including the New Jersey and federal False Claims Acts, seek to protect the integrity of government programs, such as Medicare and Medicaid, by making sure that government funds are appropriately spent. Cooper has implemented policies and procedures

designed to achieve compliance with these laws and to prevent fraud, waste, and abuse in government programs.

A "false claim" can take many forms:

***Examples of actions that may constitute fraud under the False Claims Act include:***

- Billing for items or services that were not actually provided
- Seeking reimbursement for services that were not medically necessary
- Knowingly misrepresenting the type or level of service provided
- Knowingly misrepresenting the individual providing the service
- Making false statements or representations to obtain payment for services or to gain participation in a health care program
- Concealing or improperly avoiding an obligation to repay a health care program

***Examples of actions that may constitute waste include:***

- Conducting excessive office visits or writing excessive prescriptions.
- Ordering extensive laboratory testing or more tests than are necessary for treating or diagnosing a specific condition

***Examples that may constitute abuse include:***

- Unknowingly misusing codes on a claim
- Charging excessively for service or supplies

If you are aware of an incorrect claim before submission, the claim must be corrected before it is submitted. If you become aware that a previously submitted claim is incorrect, you have an affirmative obligation to immediately contact the Compliance Department or make a report using the anonymous Compliance Hotline.

## ***Collecting Payments***

Cooper Representatives will pursue collections fairly and without harassment. Questions about charges must be promptly reviewed and resolved. Cooper Staff may not settle debts, forgive co-payments or deductibles, or negotiate charges without appropriate authorization and careful review of Cooper policies and procedures.

## ***Subcontractors: Billing and Coding Vendors***

Any subcontractors engaged to perform billing or coding services must have the necessary skills, quality assurance processes, systems, and appropriate procedures to ensure that all billing for government and commercial insurance programs are accurate and complete. Those entities, contractors, and vendors that are considered must meet these criteria.

## ***Professional Licensure and Certification***

Medical staff members, team members, and individuals retained as independent contractors in positions that require professional licenses, certifications, registrations, or other credential are responsible for maintaining the current status of their credentials. If your license, certification, or other required credential expires, notify your leader immediately.

Cooper does not allow anyone with lapsed or evoked credentials to provide care to patients:

- As professionals, we understand the scope of practice that our licensure or credentials permit us to perform, and we stay within those boundaries
- We provide a copy of our current license, certification, or other required credentials when requested or required by Cooper policy



## Ineligible Persons

Cooper will not knowingly employ or contract with individuals or entities that have been listed as debarred, excluded, or otherwise ineligible for participation in federal or state health care programs.

On hire or initiation of services and monthly thereafter, Cooper screens all of our Board of Director members, team members, physicians, medical staff, and vendors against federal databases to ensure that all are qualified to participate in providing services to a federal health care program.

As a condition of employment and/or medical staff membership, Cooper Representatives are required to notify the Chief Compliance Officer immediately if they are currently, or to the best of their knowledge, will be in the future listed by the Federal Department of Health and Human Services Office of the Inspector General, the General Services Administration, or a state Medicaid Exclusion and Suspension list as a person who is excluded from participation in federal or state health care programs.

## Ethics in Research

Cooper University Health Care is committed to conducting research to enhance the quality of care we provide and improve the health outcomes of our patients, their families, and our communities. We are committed to following ethical standards in full compliance with federal and state laws and regulations in any research, investigations, and clinical trials conducted, particularly those related to the protection of human subjects.

Representatives must conduct any research activities ethically and with scientific integrity, providing appropriate patient notification and consent and obtaining mandatory institutional review. All research activities that involve human subjects require institutional review board (IRB) review or an exemption determination from the IRB before initiation of any research activities. Most major research studies, such as those for new drugs or medical devices, are conducted at multiple institutions. To facilitate this multisite research, a single national or regional IRB may be used to review the proposed research. The Cooper Human Research Protection Program (HRPP)/IRB remains responsible for local context reviews. All involved in the research are held to the same requirements and standards as if the Cooper IRB were the IRB of record.

The definition of a human subject research includes, but is not limited to, a systematic investigation through intervention or interaction with a living individual and/or the use of their identifiable private information or identifiable biospecimens.

Questions concerning whether your research proposal requires IRB approval should be directed to the IRB at [IRBOnlineHelp@cooperhealth.edu](mailto:IRBOnlineHelp@cooperhealth.edu).

As in all financial accounting and recordkeeping, Cooper's policy is to submit accurate and complete costs related to research grants and contracts.

Any suspected research misconduct must be reported to the Compliance Office or the Compliance Hotline. Research misconduct does not include honest error or differences of opinion.

*Research misconduct includes:*

- **Fabrication:** making up results and recording or reporting them.
- **Falsification:** manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- **Plagiarism:** the appropriation of another's ideas, processes, results, or words without giving appropriate credit.



## **Interaction With Outside Entities**

When Cooper needs to obtain goods or services from outside entities, Cooper Representatives must enter into contractual relationships for fair market consideration, based on ability to meet contractual terms, necessity of the arrangement, and demonstrated quality and service. Through contract terms and the Compliance Program, Cooper Representatives ensure that Cooper does not do business with individuals or companies excluded by state or federal law from participating in health care programs. Cooper Representatives and their families must not receive personal kickbacks or rebates as a result of the purchase or sale of goods and services at Cooper.

### ***Referrals***

Cooper makes and accepts referrals of patients based on patient needs, ability to render necessary services, and patient choice. Cooper Representatives must not offer, give, or receive something of value in hopes of inducing referrals or as a reward for obtaining referrals from others. "Something of value" does not just include money, but could also be services, gifts, entertainment, or anything else that has value to the recipient. Offering or accepting something of value from a referral source may constitute both a criminal and a civil offense. Cooper Representatives will refer patients to other providers based on clinical needs, capabilities, and patient choice.

Financial relationships with those who are in a position to refer patients to Cooper must be in accordance with federal and state law, including the federal Stark law and the Anti-Kickback statute, and may not be entered without approval by the Legal Department and in accordance with Cooper's policies. (See the [1.140 - Agreements with Referral Sources \("Arrangements"\)](#) policy)

It is illegal under federal, state, and local law to offer any government official, directly or indirectly, anything of value in exchange for official action, inaction, or influence.

### ***Accrediting Bodies***

Cooper will address all accrediting bodies in a direct, open, and honest manner. No action should ever be taken in relationships with accrediting bodies that would mislead the accreditor or its survey teams, either directly or indirectly. The scope of matters related to accreditation of various bodies is extremely significant and broader than the scope of Cooper's Code of Ethical Conduct. The purpose of this Code is to provide general guidance on subjects of wide interest within Cooper. Accrediting bodies may be focused on issues both of greater or more focused interest. In any case, where Cooper determines to seek any form of accreditation, all standards of the accrediting group are important and must be followed.

Any questions concerning accrediting bodies may be directed to the Vice President of Quality and Patient Safety.

### ***Interactions With the Media***

Only team members in Cooper's Communications and Marketing Department are authorized to have contact and speak on behalf of Cooper with the media, which includes reporters, editors, photographers, producers, or any other representative of newspapers, magazines, trade publications, radio, television, internet periodicals, websites, and blogs.

Before speaking with a representative of the media or providing any written communication for publication by the media as a Cooper Representative, staff must contact and receive approval from the Communications and Marketing Department.

## Marketing

Cooper Representatives will endeavor to market Cooper's services in a fair, accurate, and ethical manner. Cooper Representatives may not induce Medicare, Medicaid, or other federal or state health care beneficiaries to use our services by offering gifts that would likely influence these beneficiaries to obtain services from Cooper.



## Protecting Cooper's Resources

### ***Fair Competition***

Cooper Representatives must compete fairly and comply with all antitrust laws. Antitrust laws are designed to promote fair competition in the marketplace.

Examples of conduct prohibited by these laws include:

- Illegally accessing or obtaining proprietary information from competitors
- Sharing strategic, marketing, or pricing information with a competing health care system or provider
- Agreeing with other providers not to do business with a payor or supplier
- Disclosing terms of vendor contracts to a competing health care system or provider

Questions concerning antitrust or areas of risk should be directed to the Cooper Legal Department.

### ***Safeguarding Assets***

Cooper Representatives must safeguard Cooper resources, using them responsibly for proper business purposes and not for personal gain.

Cooper Representatives must not use Cooper funds or assets for any unlawful or unethical purpose. Payments to third parties, such as vendors, contractors, or consultants, for any purpose other than that on the payment documentation are also prohibited.

### ***Electronic Communications***

To perform their jobs, Cooper Representatives are given access to many types of electronic communications systems and devices — for example, telephones, cell phones, computers, internet access, e-mail and messaging services, handheld devices, and media storage devices. Cooper Representatives must always use these tools properly and professionally, recognizing that misuse can have a widespread and long-lasting impact on Cooper and its reputation.

All communications systems cited are the property of Cooper and are to be used for business purposes. Highly limited reasonable personal use of Cooper communication systems is permitted ([9.108 Internet Acceptable Use Policy](#)); however, users should assume that these communications are not private.

Patient or confidential information sent through the Internet or via e-mail must follow Cooper's encryption and patient authorization policies ([9.210 Encryption](#) and [H-022 Confidential Communication of PHI](#)).

### ***Social Media***

Cooper recognizes the use of social media as a form of personal and professional communication. Cooper policy ([6.502 Social Media](#) policy) provides guidelines and resources for effective social media participation on both Cooper-related social media and non-Cooper, personal social media in which the employee's Cooper affiliation is known, identified, or presumed.

## **Copyrights**

Cooper Representatives may only make copies of copyrighted materials pursuant to the Cooper Health Care System policy.

## **Confidential Business Information**

Cooper Representatives must protect confidential business information and trade secrets, being particularly mindful not to discuss confidential information in public areas or social conversation.

Examples of confidential business information include:

- Salary or benefits information
- Financial data
- Employee information
- Social security numbers
- Billing information
- Planned capital projects
- Proposed business deals or arrangements

In addition, Cooper will not discharge or in any manner discriminate against team members or applicants because they have inquired about, discussed, or disclosed their own compensation or the compensation of another Cooper team member or applicant. However, Cooper Representatives, such as Human Resources personnel, who have access to the compensation information of other Cooper team members or applicants as part of their essential job functions, cannot disclose the compensation of other team members or applicants to individuals who do not otherwise have access to compensation information unless the disclosure is (a) in response to a formal complaint of charge; (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer; or (c) consistent with our organization's legal duty to furnish information.

## **Avoiding and Resolving Conflicts**

### ***Duty to Avoid Conflicts***

The actions and decisions of Cooper Representatives must be made in a manner that promotes the best interests of Cooper. Cooper Representatives must avoid situations in which their personal interests could conflict or appear to conflict with the interests of Cooper.

Cooper's policies address two types of conflicts: conflicts of interest — where outside relationships might affect the exercise of professional judgment on behalf of Cooper; and conflicts of commitment — where outside activities affect the ability of Cooper Representatives to devote the time, talent, and loyalty required to fulfill the terms of employment.

Conflicts, however, may take many forms and may be difficult to identify. Cooper Representatives must remain vigilant in identifying actual and potential conflicts of interest and conflicts of commitment.

***What should you do if a conflict or potential conflict of interest arises?*** If a conflict of interest or potential conflict of interest arises, Cooper Representatives must notify their supervisor and the Legal Department (either directly or through their supervisor) and withdraw from any related participation or decision making until the matter is reviewed and addressed. It is important that conflicts be reported immediately so that the situation can be managed effectively and Cooper's interests in conflict-free decision making can be protected.

***Who examines a conflict or potential conflict?*** The Legal and Compliance Departments will work to fashion an appropriate solution, based on the individual facts of the situation. Most conflicts can be managed. For example, Cooper Representatives may be required to disclose the conflict to others and withdraw from any decision-making role potentially affecting the conflicted interest.

Any questions about the Cooper Conflict of Interest policies may be directed to the Compliance Specialist at **856.363.1309** or [ComplianceAdvise@CooperHealth.edu](mailto:ComplianceAdvise@CooperHealth.edu).

### *Specific Conflict of Interest Policies*

Cooper recognizes that Cooper Representatives perform many different and varied functions on behalf of Cooper. In addition to Cooper's primary conflicts policy within the Compliance Program, some Cooper Representative are required to follow additional policies, procedures, and disclosure requirements.

Other specific conflicts policies cover:

- Medical staff
- Research
- Members of the Board of Trustees, executives, and other high-ranking Cooper employees

Cooper Representatives whose roles are affected by these policies must remain knowledgeable of and compliant with them.

## **Gifts, Entertainment, and Promotional Items**

### *Interactions With Vendors*

Cooper has enacted a detailed policy regarding interactions with vendors and the acceptance of gifts ([1.139 - Vendor Interactions policy](#)).

For example, this policy prohibits Cooper Representatives from accepting:

- Entertainment, such as tickets to sporting events or trips, from vendors
- Tickets to Cooper fundraising events
- Gifts from referral sources
- Cash, gift cards, or other gifts from vendors
- Expensive meals in connection with a dinner meeting
- Lunch or dinner, including staff lunches, in the absence of an educational program, business discussion, or product demonstration; the vendor representative must be present
- Branded promotional items, such as notepads, pens, or coffee mugs, bearing a vendor or product name

On behalf of their department, Cooper Representatives may only accept an occasional gift from a vendor for the benefit of that department. The gift must serve a genuine educational function, and should have a fair market value of less than \$100. Cash, cash gifts, or their equivalent (e.g., gift cards or vouchers) may not be accepted under any circumstances.

### *Grateful Patients, Families, or Friends*

Cooper discourages staff from accepting gifts from patients, patient family members, or patient friends under any circumstances. The Cooper Foundation has a Grateful Patient Program, and patients, families, or others wishing to show their appreciation should be referred to the Cooper Foundation. Gifts of all denominations are accepted by the Foundation, and gifts may be directed to the Cooper program or unit of the donor's choice.

If a Cooper Representative is offered a gift that may be inappropriate, they should politely refuse it and explain that Cooper policy discourages them from accepting gifts. If a Cooper Representative receives a gift without an opportunity to refuse it, they should consult their manager or the Chief Compliance Officer for guidance. If Cooper Representatives have any questions about the appropriateness of accepting a gift or event invitation, they should discuss the matter with their manager or contact the Chief Compliance Officer before participation or acceptance.





The Cooper Code of Ethical Conduct does not limit gifts exchanged between friends. A Cooper Representative who is friends with a patient, a patient's family member, a patient's friend, or an individual who has a business relationship with Cooper may exchange or receive personal gifts from that person. A Cooper Representative may not include a personal gift as a business expense for tax purposes and/or charge Cooper for the gift or otherwise receive reimbursement from Cooper for this expense.



## Education and Training

### *Learning About Compliance*

Cooper Representatives are required to complete educational training related to health care compliance, confidentiality, and other mandatory topics. Courses are offered through the Cooper Learning Network, an online training academy that can be accessed either at Cooper facilities or on personal computers/devices. Cooper Representatives may also be required to attend live training sessions. Cooper Representatives are encouraged to contact the Compliance Department to arrange educational programs that address training needs.

## Acknowledgment

At hire and at least annually, Cooper team members are required to acknowledge their receipt and review of the Cooper Code of Ethical Conduct and confirm they understand that the Code reflects Cooper's core beliefs and agree to abide by it.

Team members who do not comply with the annual certification requirement will be subject to disciplinary action. Support of the Code and participation in related training programs and education may be considered in decisions regarding hiring, promotions, and performance evaluations.

All members of the Cooper Medical Staff are required to acknowledge their receipt of the Code at initial appointment and at reappointment.

Members of the Cooper Board of Trustees and Board Committees acknowledge their receipt and review of the Code annually and agree to abide by it.

## Disciplinary Action

### *Disciplinary and Remedial Action*

Cooper Representatives who knowingly violate the Code of Ethical Conduct, Cooper policy or procedure, or law or regulation will be subject to appropriate corrective action, which may include termination, civil liability, or referral to law enforcement agencies. Cooper Representatives who believe that they have been disciplined unfairly will have the opportunity to appeal disciplinary action, pursuant to Cooper employment policies.

## Raising Questions, Reporting Concerns

For those who wish to ask for guidance or report a concern, there are several options to choose from, as noted below. Cooper encourages the resolution of issues through the proper channels.

*When framing a concern, Cooper Representatives can start by asking themselves a series of questions:*

- Are my actions legal and ethical?
- Am I being honest and truthful?
- Do my actions align with this Code and/or Cooper policies?
- Am I acting fairly?
- Am I acting in the best interest of Cooper, its team members, and our patients?
- Would I be proud if my actions were described to my family, friends, co-workers, and the public on TV, in a blog, or on other media?





## **How to Report Concerns**

### ***SPEAK UP!***

Cooper Representatives have an affirmative obligation to report known or reasonably suspected violations of law, regulations or Cooper policy. Further, failure to report may result in disciplinary action. All reports must be made in good faith.

Reports may be made directly to the Compliance Office or through the Compliance Hotline. A third party vendor hosts the compliance hotline externally. Reports may be made anonymously. Identified callers may request confidentiality; the Compliance Department will keep information confidential to the extent permitted by law.

#### **Cooper Compliance Hotline**

Toll-free telephone number: **833.435.1006**

Internet address: [MyComplianceReport.com](https://mycompliancereport.com): **Compliance and Ethics Reporting**

When reporting, it is important to have as many facts as possible so that you can obtain the most complete advice and so that the most appropriate inquiry can be conducted.

#### ***Useful information to provide when reporting a concern might include:***

- Who, what, when, and where.
- Why you are concerned and how you came to know about this concern.
- The potential impact of the concern/situation/incident.
- Details of previous efforts, if any, to resolve the concern.
- Any documents that would help to explain the problem.

#### ***Examples of health care compliance concerns include:***

- Billing and coding practices
- Arrangements with referral sources
- Gifts or benefits from vendors
- Accuracy of record keeping
- Compliance with Medicare and Medicaid regulations

If you are unsure where to voice your concern, questions may be referred to supervisors, the Legal Department, or the Human Resources Department. We all work together to resolve concerns.

When someone, in good faith, raises a concern or makes a report, calls the Compliance Hotline, or cooperates with an investigation or corrective action, retaliation against that individual is prohibited.

## **Whistleblower Protections**

Federal and state laws establish the rights of individuals—known as “whistleblowers”—to bring legal action against people or companies engaged in illegal behavior. Cooper provides protection for whistleblowers from retaliation. Additional details can be found in the Cooper University Health Care [‘12.103 - False Claims Act, Education About the’](#) Policy.

