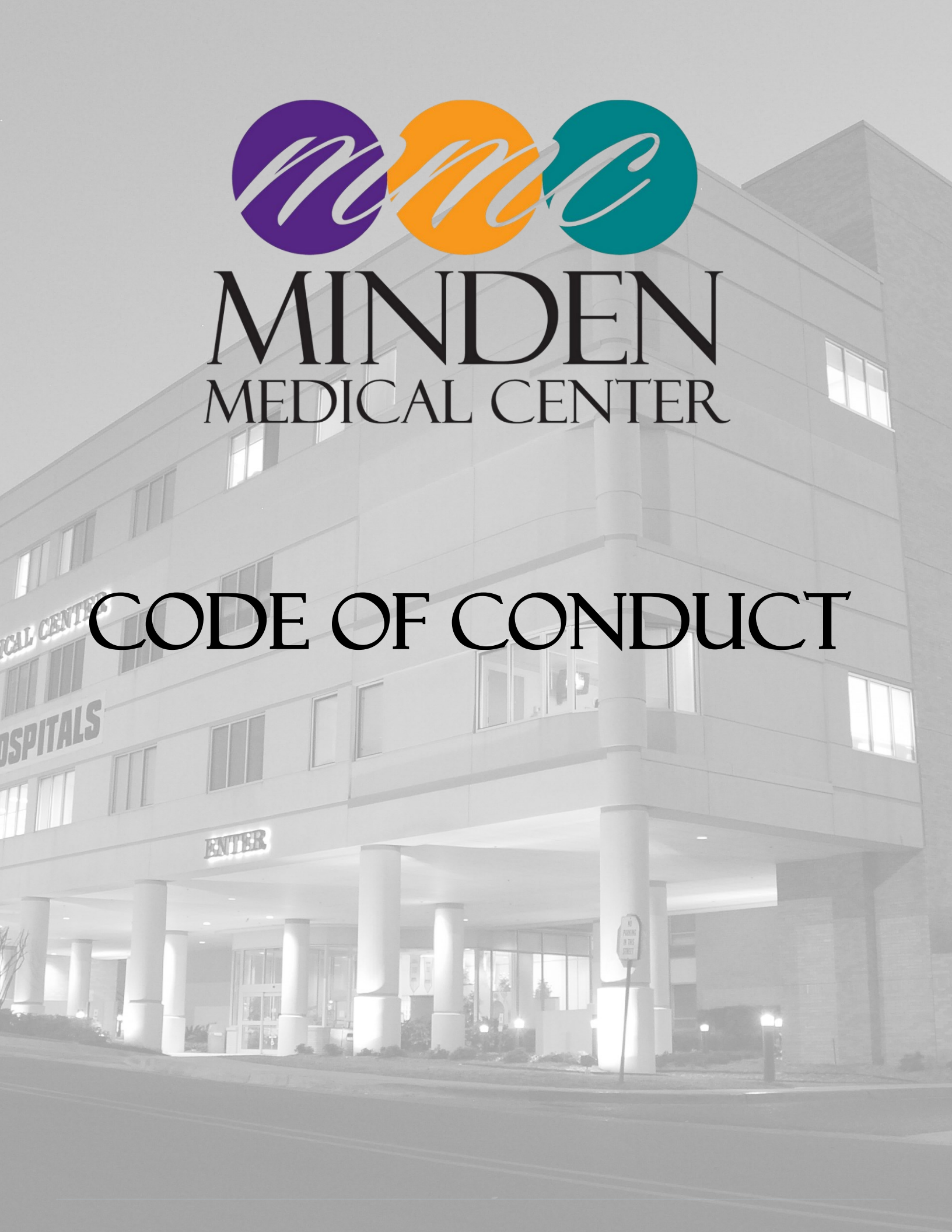

MINDEN
MEDICAL CENTER

CODE OF CONDUCT

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MINDEN MEDICAL CENTER

Excellence in healthcare ...close to home.

Every day our actions should exhibit our values.

Letter from the CEO, Keith Cox

Dear Minden Medical Center Employees,

As CEO of Minden Medical Center, I assure you we are committed to honest and ethical behavior, and to conducting our business with integrity. We must all live by these core values every day.

By ensuring we make every effort to incorporate values such as honesty, integrity, respect and cooperation into our culture, we also ensure Minden Medical Center lives up to the high ethical standards that make each of us proud to be associated with our organization.

The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure our work is accomplished in an ethical and legal manner.

If you ever encounter any situation you believe violates any provision of this Code of Conduct, you should immediately consult your supervisor, any member of our Management Team, or our Compliance Officer. The Compliance Hotline is also available at any time: 844-447-0008.

I want all of you to know how appreciated you are and what an awesome job each of you do every day to ensure that our patients receive the highest quality patient care possible.

Sincerely,

Keith Cox

Keith Cox
Chief Executive Officer

Letter from Governing Board Chair, Melissa Madden

To the employees of Minden Medical Center,

On behalf of the Board of Directors of Minden Medical Center we want to ensure you that we are fully engaged in our responsibility to oversee the Compliance and Quality of Care responsibilities of Minden Medical Center.

The Code of Conduct serves as a framework for how to manage our business in accordance with legal and regulatory requirements. It reminds us that we should always do the right thing, and that fairness, integrity and ethical behavior are required as we interact with each other, with patients and families, physicians and business partners.

It is essential that we act with absolute integrity in all aspects of our work. If you are concerned that these guidelines are not being followed within your department, you are encouraged to speak up and report issues to your Supervisor, the Compliance Officer or the Director of Human Resources. If you are not comfortable with theses avenues, you can call the Compliance Hotline at 1-844-447-0008.

Each and every one of you has an important role to play in the delivery of excellent care. Every day you have an opportunity to make an impact in someone's life. Thank you for the work that you do to care for the people of this community.

Sincerely,

Melissa Madden

Melissa Madden PhD, RN

Chairman; Minden Medical Center Board of Directors

1.

Our Code; Our Commitment

The Code of Conduct is Our Commitment to Each Other and Our Patients.

Commit to being informed and actively involved in implementing this Code of Conduct each and every day.

Who We Are: Our Vision; Our Mission

Who We Are

We are defined by our compassion and integrity.

This Code of Conduct was developed and approved by the Governing Board and Administration of CLHG-Minden, LLC d/b/a Minden Medical Center to guide the activities of all Hospital personnel, contractors and vendors when providing services at all Hospital locations.

Our Mission and Vision speak to who we are, what we stand for, and what we care about:

- We believe everyone deserves to be treated with respect, dignity, and honesty.
- We believe it is our privilege to play a vital role in the health of our community.
- We believe it is our responsibility to deliver compassionate and attentive individualized care to our patients in a professional and supportive environment.

Our values guide our day-to-day activities and help us make decisions that are consistently in the best interests of our patients, colleagues, communities, and the Hospital.

This Code of Conduct is not intended to create, nor does it create, any contractual rights to employment. For further information on the Compliance Program and its policies, please see the Compliance Policies and Procedures available in administration.

Vision

(Where are we headed)

"Improving the health and community as the provider of choice with the services we offer."

Mission

(Why we exist)

Providing high quality healthcare close to home through healing hands and caring hearts

PILLARS OF EXCELLENCE

The Code is Our Guidepost

This Code is Our Guidepost

Our Code, our policies, and the law direct our daily activities.

This Code of Conduct represents the commitment each one of us must make to ourselves and each other to read, understand and faithfully follow this Code. This Code describes how to make decisions that support our Values, improve quality of care and lead to effective compliance. Providing health care to those in need is an important privilege and responsibility. It is an essential part of achieving our Mission and fulfilling our Values that every employee, independent contractor, and, when applicable, vendor ("Personnel") follow this Code and make values-based decisions based on this Code. Consequently, all Personnel must follow this Code as an essential condition of their relationship with the Hospital. Following this Code is not optional.

We are committed to acting ethically and responsibly every day and with every interaction. This Code and the Hospital's Medical Staff Bylaws, Compliance Plan and Policies give you the information you need to perform your job ethically. It is your responsibility to know and follow this Code and the policies. If you are ever unclear or need clarification, it is your responsibility to ask your supervisor, the Compliance Officer, or other appropriate personnel as described in this Code.

Our staff is expected to be familiar with, understand and follow this Code of Conduct.

Lead by Example

Each of us must act with integrity and inspire trust.

We expect all Personnel to act ethically and lead by example. While it is true that each manager and leader has an increased responsibility of leading by example, every Personnel member is expected to provide an example to their fellow Personnel members, regardless of position. We can do this by acting professionally, ethically, and holding each other accountable.

This Code provides a summary of our compliance standards and expectations more fully described in our Compliance Plan and Policies.

We expect our leaders and managers to help foster a working environment in which compliance is encouraged, supported and expected ("Culture of Compliance") by serving as positive role models and inspiring others to embrace our Code by:

- Rewarding integrity and honesty;
- Encouraging ethical decision-making based on or consistent with this Code;
- Creating a transparent and open work environment in which ideas and concerns can be discussed;
- Preventing retaliation against those who speak up;
- Seeking help in resolving and escalating issues;
- Encouraging Personnel to be involved in process and quality improvement;
- Fostering an active engagement with our community.

Compliance Program Elements

Compliance Program Elements

We must use our Compliance Program as a guide in all that we do.

Our Compliance Program consists of the following documents:

- Code of Conduct
- Compliance Plan
- Policies and Procedures

Together these documents guide our efforts to fulfill our professional obligations and comply with Federal, state, and local laws and regulations.

Our Compliance Program is constantly evolving and improving. We welcome your thoughts, observations, and comments on ways in which we can improve our Compliance Program, provide high quality patient care and maintain a safe and supportive working environment for every member of our team.

Who We Are and what we do on a daily basis remains our responsibility and we remain accountable to ourselves and to each other.

Compliance Program Oversight

Compliance is an essential priority.

The Compliance Program was developed and is directed by the Hospital's:

- Governing Body;
- Administration; and
- Facility Compliance Committee.

Each of these bodies have specific responsibilities under the Compliance Program for establishing and distributing compliance standards, conducting staff education programs, and monitoring and auditing the Hospital's operations. Compliance can only be achieved when we each commit to making it a priority in our daily activities.

We are supported by Allegiance Health Management.

This Code explains the Hospital's extensive internal resources available to each of us to answer questions, provide information, receive suggestions, investigate complaints, and to generally make the Hospital a supportive place to provide quality patient care. In addition, the Hospital has secured Allegiance Health Management, Inc.'s ("AHM") services to help manage and support various Hospital operational obligations including cost reporting, contracting, credentialing, quality assurance, compliance, legal services, billing, etc. While AHM is a vital resource, the Hospital through its staff, administration and Governing Board remains responsible for the Hospital's daily operations.

2.

Open Communications

The Code of Conduct is our daily guide.
To be effective, we all should think of it as a living document that can be adapted and improved through questions and discussions.
Know and understand the Code, refer to the Code, ask questions about the Code and suggest improvements to the Code.
Doing so will make it OUR CODE.

2.1

Report Violations; Confidentiality

Raising Questions

If you're unsure, just ask!

Each of us needs to commit to be actively involved in the Hospital's compliance every day through our personal conduct and by communicating with other Hospital Personnel. The Code cannot describe every situation that could arise in your daily work. If you have questions about how to interpret or apply the Code, Compliance Plan, or Policies seek guidance from your supervisor or Facility Compliance Officer. Doing so will improve our operations, will foster a supportive work environment, and will improve the quality of patient care we provide our community.

Your Role

Speaking up is always the right thing to do.

Speaking up is not always easy; however, it is absolutely essential and is required. Speaking up is a commitment we all have to make to each other. Raising concerns does not make you a tattle-tale; it demonstrates your commitment to our obligations, to the Hospital and to your co-workers.

If something does not seem right, it might be a violation or you might need more information/ education/training. Ask yourself:

- How would it look on the front page of the newspaper?
- Am I unsure if this course of action is legal or illegal? Is it consistent with our values, Code, and policies?
- Could it appear unethical or dishonest?
- Could it hurt our Hospital's reputation?
- Could it hurt our employees, patients, physicians, or the Hospital?

If there is any doubt, ask questions or file a report.

Reporting Concerns

Raise potential violations.

If you are aware of an action or situation you reasonably believe may be a violation of our Code, our policies, or the law, you are required to immediately report it to your supervisor, the Facility Compliance Officer or the Compliance Hotline. Similarly, you should also report any instances where someone has asked you to violate the Code. All reports of potential violations must be made in good faith. Failing to report a potential violation or making a report in bad faith is a violation of this Code and may result in disciplinary actions, up to and including termination.

The Hospital has dedicated experts to handle and investigate reported concerns.

Confidentiality

Protections for reporting potential violations

We are committed to providing an environment that allows reporting in good faith without fear of retaliation. You may report potential violations anonymously. If you provide your name, we will keep it confidential internally regardless of which method you used to report the violation. There may be instances where your identity would have to be shared (government investigation), though we would strive to limit that information as much as possible.

If we need to conduct an internal investigation, it will not always be confidential. However, the findings of a compliance investigation are kept confidential to protect all involved in the process.

Speak Up Without Fear of Retaliation

No Retaliation is Permitted

Those acting in good faith are protected.

If you have a sincere belief that a violation may have occurred and make a report using any of the procedures provided in this Code, you will not be subject to retaliation. No adverse actions will be taken or permitted against someone acting in good faith while reporting a potential violation or cooperating in an investigation.

There is nothing wrong with reporting a potential violation that turns out to not be a violation if such report was made in good faith. Such reports also serve to highlight potential areas in need of additional or updated education. However, purposefully or maliciously falsifying or misrepresenting facts when reporting a violation or cooperating in an investigation will not be protected from retaliation as such actions are themselves a violation of this Code. Our non-retaliation policy will also not apply if you knowingly, purposefully or negligently broke the law or violated our policies.

If you have experienced or witnessed retaliation, immediately report it to your supervisor, HR director, Facility Compliance Officer, AHM Compliance Officer or contact the Compliance Hotline. The Hospital will promptly investigate and take the proper steps to protect those who report

Making the Report

Provide as much information as you can—even if you decide to report anonymously.

To encourage reporting, we protect your identity, we prohibit retaliation and we provide multiple methods for reporting. **You also have the option to make your report anonymously.** In any report, regardless of the method, we ask that you provide as much information as possible to enable us to conduct a meaningful investigation including a detailed description of your concerns, relevant dates, types of services, personnel involved or with possible knowledge, the standard or requirement violated, etc. The more information we have, the more effective our inquiry can be.

The Code in Practice:

We all must be involved with making sure this Code is adhered to. This includes:

- Provide encouragement or offer assistance if you see a colleague could use some help in that moment.
- If you or a colleague are unsure of what to do, work together to get the information.
- Indicate disapproval or seek appropriate intervention if you observe less serious breaches.
- Report serious breaches of the Code to the appropriate person. If you are unsure, discuss the situation with your supervisor, department manager or Hospital compliance officer.
- Support colleagues who make good faith reports or who seek clarification and do not permit others to retaliate or ostracize them.
- Report any instances of potential retaliation

Methods of Communicating

Methods of Communicating

Use the following methods to seek guidance, suggest improvements or report a violation.

- **Your manager or Human Resources**: Your managers and Human Resources are excellent resources for guidance or concerns related to many Hospital and job-specific policies, process or quality improvements, work responsibilities, co-worker issues, discipline disputes, promotion opportunities, and issues related to the overall work environment.
- **Facility Compliance Officer, AHM Compliance Officer:** For issues involving actual or potential Code or legal violations, you should seek guidance from or report concerns to the Facility Compliance Officer or the AHM Compliance Officer.
- **Compliance Hotline**: **844.477.0008:** You can also report potential violations to the Compliance Hotline. The Hotline is answered by an independent third party 24 hours a day, 7 days a week. You can report potential violations to the Compliance Hotline anonymously if you wish.

Nothing in this Code prevents you from reporting potential violations of law to relevant government authorities.

Your active involvement in asking questions, seeking information, making suggestions and reporting potential violations is the key to making our Compliance Program effective.

Q:

What should I do if my manager asks me to perform a task that I believe might violate our Code or a law?

A:

If your gut is telling you something is wrong, don't hesitate to raise your concerns openly and honestly with your manager. If you are not comfortable speaking to your manager or are not satisfied with your manager's response, raise the issue through any other Communication Method. You should never knowingly violate our Code, a policy, or law simply because a manager directs you to do so or because you did not ask for guidance.

Examples of issues involving actual or potential Code or legal violations:

- Accounting or auditing errors or misrepresentations;
- Fraud, theft, bribery, and other corrupt practices;
- Payment to a physician based on the value or volume of referrals;
- Billing for services not performed;
- Failing to round on patients as directed;
- Not timely following up on vital labs;
- Harassing or threatening a co-worker.

Investigations

Every Reported Potential Violation is thoroughly Investigated:

We take every concern seriously and diligently and fairly evaluate each one.

Every concern raised through our compliance hotline or with the compliance officer is examined thoroughly through the process outlined below. While we have created a process that ensures you can submit your concern anonymously, we encourage you to leave your name and contact information. If you provide your contact information with the Hotline or with the Compliance Officer, we assure you that it will remain confidential. Having your contact information is immensely helpful since it allows us to ask follow up questions, seek additional information and provide direct feedback. In other words, being able to speak with you about the issue helps us to fully understand the issue and take the appropriate corrective action.

1

WRITTEN REPORT IS CREATED

When you file a report through the Compliance Hotline, the third-party vendor will provide the Compliance Officer with a written report. **The Compliance Hotline does not use caller ID, so your calls can remain anonymous if you wish**.

You may also file a report directly with the Facility Compliance Officer via phone or email.

2

YOUR CASE IS INVESTIGATED

Once a report is received, the Facility Compliance Officer assigns a case number and works with appropriate compliance or legal personnel to conduct an inquiry/ investigation of the matter. All cases remain open until each allegation has been addressed for resolution.

3

RESOLUTION ACHIEVED

The Facility Compliance Officer reviews the formal responses for closure. Once a case is closed, the Compliance Officer provides a response back to the third-party Hotline. This ensures the Hotline is well informed in the event the person who reported the incident calls the Hotline to request a status update.

Regardless of how you submit a report, you will receive a case number so you may check the status at any time, and/or provide additional information.

Lighthouse Compliance Hotline—24/7:

www.lighthouseservices.com

Lighthouse Compliance: 844.477.0008

3.

Ensuring a Safe Working Environment

Commit to yourself and each other to work together to foster a positive and safe work environment.

3.1

Treat each other with respect and dignity

Respect as a Foundation for all interaction

We respect our Personnel and expect our Personnel to respect each other.

We recognize the importance of supporting and promoting a supportive working environment in which Personnel are free to focus on providing high quality patient care without discrimination, harassment, and unprofessional behavior.

All Personnel are expected to be familiar with this Code and our personnel policies and act in a manner that does not violate or contradict any of our personnel policies or values. If you suspect or witness violations of our personnel policies or values, you owe it to yourself, your colleagues, and the Hospital to speak up and report it.

All Personnel should:

- Respect the diverse backgrounds of our employees and co-workers.
- Give qualified individuals the chance to develop and succeed.
- Never harass others physically, verbally, psychologically, or sexually.
- Be truthful in all verbal and written communications.
- Never cheat or otherwise act dishonestly.
- Refrain from behavior that includes intimidation, foul language, threats of violence, or retaliation.

Anti-Discrimination

We treat Personnel equally.

We are committed to providing an equal opportunity work environment where everyone is treated with fairness and dignity. We believe every Personnel member should have the opportunity to reach their full potential by working in an environment free of discrimination.

Our Hospital prohibits discrimination in all matters including recruiting, hiring, training, disciplining, promoting, compensating, or any other term or condition of employment or contract. Personnel decisions must always be in compliance with the law, based on merit, qualifications and job-related performance, and without regard to non-job-related characteristics such as:

- Race, color, or ethnicity
- Citizenship, ancestry, or national origin
- Disability
- Sex, gender, or gender identity
- Marital status or pregnancy
- Age
- Religion
- Sexual orientation
- Veteran status
- Any other legally protected status

We will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

Harassment is not tolerated

Anti-Harassment

Personnel should feel comfortable in the workplace.

Harassment includes unwelcome verbal, visual, physical, or other conduct of any kind that creates an intimidating, offensive, or hostile work environment. We seek to create a work environment that is free from harassment of any kind. Our Hospital follows all state and local laws prohibiting harassment and consider the following behavior to be inappropriate and unacceptable:

- Sexual harassment
- Offensive language or jokes
- Racial, ethnic, gender, or religious slurs
- Degrading comments
- Intimidating or threatening behavior
- Unwanted physical activities (e.g., touching, hugging, or blocking someone's path)
- Showing aggressive hostility towards others.

You should never act in a harassing manner or otherwise cause your co-workers to feel uncomfortable or unsafe in their work environment.

It is important to remember that harassment, sexual or otherwise, is determined by how your actions impact others—regardless of intentions.

What is Sexual Harassment?

Sexual Harassment is bullying of a sexual nature, coercion of a sexual nature, or an inappropriate promise of rewards in exchange for sexual favors. Sexual harassment may consist of verbal, visual, or physical conduct of a sexual nature that is unwelcome or that makes someone feel uncomfortable. It can take many forms, such as:

- Unwanted touching, comments about appearances, or sexual advances
- Sexually oriented jokes, pictures, texts, or email messages
- Display of obscene pictures, posters, or pornography

Workplace Health and Safety

Personnel should feel safe in the workplace.

The Hospital complies with government regulations and has developed policies designed to help ensure our workplace is safe and to protect our Personnel from potential workplace hazards. You should be familiar with and understand how these policies apply to your specific job duties and seek advice from your supervisor or the Hospital's Compliance Officer whenever you have a question or concern. It is very important that you advise your supervisor or the Safety Officer of any serious workplace injury or any situation presenting a danger of injury so that timely corrective action can be taken to resolve the issue and/or remove the hazard.

Workplace Violence; Employee Privacy

Workplace Violence

We are committed to a safe working environment.

Our Hospital prohibits workplace violence or intimidation that contributes to a hostile work environment. This prohibition includes:

- Verbal assaults;
- Threats or any expressions of hostility;
- Intimidation, aggression or hazing;
- Robbery and other commercial crimes;
- Stalking;
- Hate crimes; and
- Terrorism.

We prohibit Personnel from possessing firearms, other weapons, explosive devices, or other dangerous materials on Hospital premises.

Personnel who observe or experience any form of workplace harassment or violence should immediately report the incident to their supervisor, Human Resources Department, a member of Hospital Administration, the Compliance Officer, or the Compliance Hotline.

Respecting Employee Privacy Rights

As part of our everyday work, some employees have access to personally identifiable information (PII). PII is any information that can be used to identify an individual (e.g., full name, birthdate, or social security number). We use, store, and transfer personal data per employment data protection standards, related procedures, and local law. We do not disclose employee PII unless required by law or when there is a legitimate business need and with the consent of the employee.

Respecting Copyrights

Personnel may only use copyrighted materials pursuant to the Hospital's policy on such matters, including the use of training or educational materials, forms, or other information. Personnel may not use copyrighted materials belonging to Hospital or Allegiance Health Management, Inc. for personal use or tamper with policies/forms. Any documents, forms, or other materials developed by any Hospital Personnel shall become and remain property of Hospital.

Speak up—

Report threats or potential violence to your supervisor Human Resources Department, Administration, Compliance Officer or Compliance

The 5 Tenets of Professionalism

1. Clinical Virtues

Cultivate and practice clinical virtues, such as compassion and empathy for our patients, their loved ones, and your fellow employees.

2. Mindfulness

Always fulfill your professional responsibilities with mindfulness. This means:

- Notifying your supervisor if something interferes with your ability to perform tasks effectively.
- Learning from experience and growing from the knowledge gained from errors to avoid repeating mistakes in the future.
- Dedicating yourself to lifelong learning and self-improvement.
- Completing all tasks accurately, thoroughly, legibly, and in a timely manner. This may include attending and participating in meetings and conferences.
- Always follow through on whatever your have agreed to do.
- Avoid interacting with patients when you are ill, distraught, or overcome with personal problems. If this happens, speak to your supervisor.
- Recognize and acknowledge your errors of omission and commission to colleagues, supervisors, and patients.
- Be aware of your personal limitations and know when to ask for help.

3. Objectivity

Avoid providing professional care to members of your family or to persons with whom your have a close, personal relationship.

4. Collegiality

Teamwork is paramount to ensure that our patients receive the highest quality care. This means:

- Communicating with and cooperating with staff members involved in patient care.
- Teaching others.
- Being generous with your time when answering questions from fellow staff members, patients, and visitors.
- Using communal resources responsibility and equitably.

5. Responsibility to Community

We owe a responsibility to the communities that we serve. This means:

- Avoiding unnecessary items or services that will increase costs for our patients.
- Providing appropriate emergency services to ALL patients, regardless of their ability to pay.
- Avoiding behaviors that impair the community's confidence in our ability to service their health care needs.
- Always demonstrating behavior that complies with this Code to ensure the future viability of your Hospital.

Professionalism In Practice

The Code in Practice:

Embody Professionalism:

Dress

- Wear your name badge at all times above the waist and in plain view.
- Dress in a neat, clean, professionally appropriate manner.

Speak

- Clearly identify yourself and your professional level to patients and staff.
- Respectfully address patients by their last name .
- Do not make offensive or judgmental comments about patients or staff, verbally or in writing.
- Assume any negative comments you might make may be overheard.
- Do not criticize the medical decisions of colleagues in the presence of patients or staff or in the medical record.

Act

- Maintain composure despite stress, fatigue, professional pressures, and personal problems.
- Do not access confidential staff information without a professional reason.
- Do not abuse drugs or alcohol that could diminish the quality of patient care or professional performance.

Controlled Substances

Substance Abuse

We are committed to a drug-free workplace.

Drugs may include illegal drugs, controlled substances, alcohol, or misused prescription medication. If you work under the influence of drugs or alcohol, you pose an unacceptable safety risk to yourself and others. We perform our job duties free from the influence of any substance that could affect job performance. We therefore prohibit:

- Working under the influence of alcohol, illegal drugs, or controlled substances
- Possessing, selling, using, or distributing illegal drugs or controlled substances while working or on Hospital property except in the legal and appropriate provision of controlled substances at one of our patient care facilities.

Controlled Substances

We have an obligation to responsibly secure medications.

Only select Personnel shall have access to medical supplies, prescription drugs, and controlled substances and only to the extent required and as authorized pursuant to an order by a qualified practitioner. It is extremely important that these items be handled properly and only by authorized individuals to minimize risks to us and to patients. If you become aware of the diversion of drugs from the Hospital in any manner, you are obligated to report the incident immediately.

If you have a drug or alcohol problem, **ask for help.**

Q:

Over the past few months, I've been dealing with personal issues that are causing emotional and financial stress. My doctor has prescribed medication to help me get through the day, but I'm beginning to think I may have a substance abuse problem. What should I do?

A:

You should contact your healthcare professional or the Human Resources Department to discuss questions or concerns about substance dependency or abuse.

Take the initiative to identify and help impaired staff with the assistance of the appropriate staff member, professional board, or other appropriate referrals.

4. Patient Safety

It is a privilege to provide medical care to our community. Be committed to always treat our patients with respect, kindness, patience and empathy.

Quality of Patient Care

Quality of Patient Care and Safety

We deliver safe, effective, efficient, and compassionate patient care.

The Hospital is committed to our Mission to provide high quality, cost effective healthcare to each patient at each Hospital practice location. The Hospital sets and supports a standard of excellence within our facilities. Implementation and adherence to these standards requires each Personnel member to commit to knowing and meeting these standards. We all need to commit to ourselves, each other, and our patients that we will treat all patients with dignity and compassion and only provide necessary and appropriate care.

The Hospital has a comprehensive program to promote the quality goals of the organization. Hospital facilities focus on:

- Delivering individualized services to patients that focus on their specific needs;
- Utilizing innovative technology and solutions to improve quality care;
- Establishing a culture that prioritizes patient safety and patient rights;

Creating meaningful and comprehensive credentialing and peer review mechanisms for our medical staff.

Raise any concerns; Seek Clarification.

If you have any questions about or are unsure how to apply our commitment to quality or patient safety in any given situation, you must raise this concern to your manager, Compliance Officer, or the Compliance Hotline.

Lighthouse Compliance Hotline:
844.477.0008

Report a Concern at:
www.lighthouseservices.com

Q:
What should I do if a patient refuses treatment?

A:
Patients have the right to refuse care, treatment, and services. We must take reasonable steps to determine the patient's wishes and exercise the patient's rights. Patient preferences are honored within the limits of the law and our organization's mission, philosophy, values, and capabilities. If you have a question regarding patient rights, please contact your Manager, the Compliance Officer, or the Compliance Hotline.

Patient Safety is Essential

The care and safety of our patients is our highest priority. We conduct background checks on each individual being considered for employment. We will not hire individuals with a history that endangers our patients, or who is found to be debarred, excluded or sanctioned. We routinely search the Office of Inspector General and General Services Administration's lists of excluded and ineligible persons.

Patient Rights

Patient Rights

Our patients come first.

We have an ethical and professional responsibility to treat our patients with compassion and to respect our patients' rights. Clinical care is individualized and based on each patient's identified healthcare needs, without discrimination based on the patient's age, gender, disability, race, color, religion, sex, sexual orientation, gender identity, national origin, ability to pay, or any other legally protected status

We respect our patients' various backgrounds, beliefs, and cultures and will strive to respect each patient's rights by:

- Upon admission, providing the patient and their family a written statement of patient rights that explains the rights of the patient to make decisions regarding medical care and conforms with all applicable state and Federal laws;
- Providing the patient and their family a clear explanation of their anticipated care, including diagnosis, treatment plan, risks and benefits of treatment options, right to refuse or accept care, care decision dilemmas, advance directive options, and organ donation/procurement;
- Encouraging active patient and family involvement in all aspects of care throughout the entire treatment process and giving priority to their choices whenever possible; and
- Actively involving the patient and family in the patient's discharge process and providing a full list of possible providers capable of caring for the patient if post-discharge treatment is warranted.

Community Resource

We recognize that patient's overall health can be improved by providing health education, health promotion, illness prevention programs as well as outpatient and clinic services as part of our overall effort to be a resource to our community and help improve the community's overall health and well-being.

Emergency Treatment

We will only transfer patients when necessary.

We will only transfer patients to another facility if the patient's medical needs cannot be met at Hospital and appropriate care is knowingly available at another facility. We will only transfer patients to another facility after they have been formally accepted by the alternate facility.

The Code in Practice:

Each Patient has the right to:

- To be told about his or her rights;
- To be involved in his or her plan of care and discharge plan;
- To make informed decisions regarding that care;
- To formulate advance directives and to have those directives followed;
- To have privacy and to receive care in a safe setting;
- To be free from verbal or physical abuse or harassment;
- To expect confidentiality of his or her medical records and health information; and
- To look at and make copies of his or her medical records.

Patient Dignity

The Code in Practice:

Caring for our patients is a privilege. We must remember that being in a hospital is a stressful time for both the patient and their loved ones. When interacting with patients and the patient's family, remember where you are and why you are here:

- Take the time listen to and speak with the patient and the patient's family;
- Work to understand the patient's and the family's anxieties, concerns and treatment goals;
- It is normal and ok for the patient or family to ask the same question multiple times;
- Get information to help answer their questions promptly if possible;
- Patients and their families do not know when you are on break. If you're visible and are approached, you are on duty;
- Enlist the assistance of team members to ensure the patient's needs are being met and questions or concerns are addressed.
- Just one inconsiderate or dismissive interaction with the patient or patient's family can profoundly impact the patient's overall experience and satisfaction. Never use offensive language when referring to patients or their illnesses.

Ensuring a supportive environment.

Patient satisfaction.

To foster a supportive care environment, patients and their representatives will be accorded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and pastoral counseling.

Any restrictions on a patient's visitors, mail, telephone, or other communication must be evaluated for their therapeutic need and fully explained to and agreed upon by the patient or patient representative.

Patient Grievance Resolution

Personnel must be familiar with and inform the patient or patient's representative of the Hospital's grievance resolution policy and processes and provide the contact information for the patient or patient's representative to file a patient grievance.

The Code in Practice:

An important aspect of patient care is respecting our patients' time and decisions, and providing compassionate professional services. This means that you should:

- Obtain the patient's informed consent for diagnostic tests or therapies and respect the patient's right to refuse procedures.
- Assume responsibility for the patients under your care until you have transferred the care to another professional and that professional has acknowledged the transfer of care.
- Follow up on ordered laboratory tests and complete patient record documentation promptly and conscientiously.
- Ensure that all patients' tests and treatments are completed and followed up appropriately.
- Coordinate with your team to determine the appropriate time to share information with patients and their families. There must be a coherent and consistent treatment plan in place.
- Never develop a romantic or sexual relationship with patients; if such a relationship seems to be developing, seek guidance and terminate the professional relationship.
- Do not abandon a patient. If you are unable or unwilling to continue care, you have an obligation to assist in making a referral to another competent practitioner.
- Patients rely on accurate record keeping to guide their treatment plans. Timely maintain accurate, honest records of patient care. Follow procedures to correct and amend records.
- Always make care decisions based on the patients' needs and desires. Do not base decisions on your financial compensation.
- Do not involve patients in personal issues.

Respect all patients and visitors. Remember, patients and their visitors are in an environment that can be unfamiliar and frightening. Communicate with kindness, empathy, and in a manner that a layperson can understand.

Protecting Patient Information

Safeguarding Patient Information

Patient privacy is our priority.

We are committed to protecting the privacy and security of our patients' protected health information ("PHI"). We create and maintain PHI as a record of the care and services provided to our patients. We recognize that it is our responsibility under federal and state law to protect this information from unauthorized disclosure or misuse.

We expect those permitted to access PHI, including our personnel and business associates, to comply with our policies, as well as federal and state law, in order to ensure that patient information remains confidential. Those who disclose, misuse, or fail to take reasonable measures to secure PHI are subject to disciplinary action, up to and including termination.

Record Retention and Destruction

We must retain records for a defined period of time.

We are required by law to keep medical and business records for defined periods of time. We maintain a record retention and destruction policy and schedule for everyone to strictly follow.

Permitted Use and Disclosure of PHI

We are committed to protecting patient PHI and ensuring compliance by provider clients, by complying with applicable federal and state statutes and regulations including the Health Insurance Portability and Accountability Act and its implementing regulations.

We require Hospital Personnel, including employees, healthcare professionals, physicians, and business associates, to comply with patient information privacy requirements by, among other things, limiting the use and disclosure of PHI in the following ways:

- **For Treatment**: Medical and healthcare personnel may utilize PHI, as necessary, in the treatment of the patient;
- **For Payment**: PHI may be used to bill appropriate third parties for the treatment and services the patient received while a patient;
- **For Health Care Operations:** Hospital may use PHI for internal management purposes, such as Quality Assurance;
- **For Appointment Reminders**: Hospital may disclose PHI related to a scheduled appointment for medical care;
- **For Treatment Alternatives**: Hospital may release information in discussion of treatment alternatives with a patient and/or appropriate members of the patient's family;
- **Individuals Involved in a Patient's Care:** Hospital may release information regarding a patient to members of the patient's family or friends previously identified as assisting a patient; and

In addition, it is recognized that special situations may exist that require the release of a patient's PHI. Any questions, concerns, complaints or suggestions relating to the release or use, or security, of patient information should be directed to the Compliance Officer.

The Code in Practice:

We value and respect our patients' privacy. When you handle patient information, remember the following:

- Do not share medical information with anyone except those health care professionals integral to the care of the patient or within the context of Hospital operations.
- Do not discuss patients or their illnesses in public places where the conversation may be overheard.
- Do not publicly identify patients, in spoken words or in writing, without adequate justification and security precautions.
- Do not invite or permit unauthorized persons into patient care areas.
- Do not share your confidential computer system passwords.
- Do not e-mail confidential patient information without encryption.
- Do not access confidential patient information unless it is necessary for your to perform your authorized duties.
- Do not remove confidential patient information from the premises. Those that must do so as part of there position must ensure that appropriate safeguards are in place to protect confidential patient information.

Patients are entitled to expect confidentiality, the protection of their privacy, and the release of information only to authorized parties.

5. Corporate Responsibility

We must act responsibly.

Hospital Resources and Information Systems

Hospital Resources

We use Hospital resources for Hospital business.

We rely on you to manage both Hospital and AHM resources honestly and efficiently. Hospital resources are intended for legitimate business purposes only. You also have a responsibility to protect our equipment and other resources from theft, loss, damage, waste, or abuse. Protecting Hospital funds is particularly important if you have spending authority, approve travel and entertainment expenses, or manage budgets and accounts. You must always:

- Ensure Hospital funds are properly used for their established business-related purpose
- Obtain required approval before incurring an expense or providing charity use of Hospital resources
- Accurately record all expenses in Hospital books and records
- Verify compliance with our policies

Examples of Hospital Resources

Physical Property

- Facilities
- Materials
- Supplies
- Equipment
- Hospital Funds

Intangible Assets

- Hospital time
- Confidential Information
- Intellectual Property
- Information Systems

Email, Internet, and Information Systems

Use Hospital e-mail, internet, and information systems responsibly.

We provide our information technology systems for authorized business purposes in compliance with our information security policies and procedures. For example, we should never share passwords, leave laptops unattended, download unapproved software to our computers, or send patient or other confidential information through the internet unless the transmission is secured according to applicable laws and regulations and pursuant to our policies.

If there is a potential breach in data, including the loss or theft of a laptop or handheld device, report the situation to our Information Systems Department .

You may engage in reasonable incidental personal use of phone, email, and the internet if such usage does not:

- Consume a large amount of time
- Interfere with your work performance or that of others
- Involve illegal, sexually explicit, discriminatory, or other inappropriate material
- Relate to outside business interests
- Violate our Code or any Hospital policy

You should assume that personal communications are not private.

Information Systems in Practice

To the extent permitted by local law, our Hospital reserves the right to monitor activity on our resources.

Employees who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

The Code in Practice:

Using hospital e-mail, internet, and information systems responsibly includes the following:

- Always obtain proper authorization before using computing resources.
- Only use computing resources for authorized purposes.
- Never share access privileges, such as account numbers, user names, or passwords.
- Do not electronically transmit or distribute material that would be in violation of existing policies or guidelines.
- Respect the privacy of others. Do not read, delete, copy, or modify another user's data, information, e-mail or programs without the user's expressed permission.
- Do not intentionally introduce any program or data intended to disrupt normal operations (such as a computer virus) into computer systems.
- Never forge e-mails.
- Do not circumvent or attempt to circumvent normal resource limits, login procedures, or security regulations.
- Do not use company supplies or information technology resources for personal activity or export company systems for personal use.
- Endeavor to use information computing resources in an efficient and productive manner. Avoid playing games, streaming video or audio, printing excessive copies, or attempting to crash or tie-up computer resources.

Environmental and Workplace Welfare

Environmental and Workplace Welfare

We protect the earth's natural resources.

We seek out responsible business actions and sustainable solutions that support our efforts to be efficient and effective corporate citizens. Our team prioritizes innovation and is continually looking for ways to conduct business in more environmentally responsible ways.

We are committed to:

- Ensuring compliance with all applicable environmental, health, and safety (EHS) laws and internal Code
- Continuously improving our EHS performance
- Educating and training employees to work in a safe, environmentally-friendly manner
- Being transparent on EHS matters with stakeholders
- Properly disposing hazardous and biohazardous waste

We are responsible for:

- Understanding or following applicable EHS requirements
- Reporting any injuries and illnesses at work
- Disclosing any issues that could impact the environment or community health or safety
- Adhering to local, state, and federal laws, as well as regulations and Hospital policies.

Protecting the environment and the health and safety of our colleagues, patients, physicians, visitors, and the communities in which we work is a corporate priority and makes good business sense.

Q:

You are cleaning out a supply closet and come across a few containers of liquid cleaning solvents and sterilizing solutions that look out-of-date. You are unsure if these liquids are hazardous. What should you do?

A:

You should check the appropriate facility procedures for disposal of potentially hazardous chemicals. If unable to find enough information, you should escalate the question to your supervisor.

Social Media

Social Media and Public Forums

Separate personal and business social media.

When used appropriately, social media can be a powerful tool to promote individual and public health, as well as our facilities and services. When used inappropriately, it can easily cause serious damage to the Hospital through:

- Reputational harm;
- Violation of patient privacy;
- Loss of patient or community trust; and/or
- Substantial fines and penalties.

Consistent with the Hospital's social media policy:

- Do not use personal devices to take pictures at the Hospital or otherwise capture patient information;
- Do not post photos taken at the Hospital or post any information relating to the Hospital's operations or containing patient information;
- Do not speak on behalf of the Hospital in the press or via social media unless specifically authorized in writing by the Hospital CEO;
- Do not give or permit the impression that you are speaking on behalf of the Hospital;
- Do not mention or discuss the Hospital on social media, even to defend or promote the Hospital, unless given written permission by the Hospital CEO.
- Do not use any Hospital logos or trademarks without specific written permission from the Hospital CEO.

Contacts by Media

Direct all contacts by media to Facility Compliance Officer and Chief Executive Officer.

If you are contacted by the media regarding the Hospital, a patient, or any other topic related to the Hospital, direct such inquiry to the Facility Compliance Officer and CEO.

For questions about social media use or contacts by traditional media, contact the Director of Business Development and or the Facility Compliance Officer.

Q:
My LinkedIn profile describes me as a Hospital employee. Should I be mindful of things I "like", comment on, or share?

A:
Yes. We respect the rights of our employees to have personal lives and personal interests. However, as Hospital representatives, we have a responsibility to use social media respectfully and in accordance with our Hospital values.

Protecting Company Information

Intellectual Property

Protect our trademarks, logos and other assets.

Our intellectual property is a valuable asset that we must always protect. Third parties are never allowed to use our trademark, logos or other intellectual property without proper authorization and a license agreement approved by Hospital CEO. The Hospital does not permit its logos, trademarks or other intellectual property to be used in a degrading, defamatory or otherwise offensive manner. If you become aware of any such prohibited use, please alert the Facility Compliance Officer. As an employee, any work you create, in whole or in part, relating to your duties, and/or using Hospital time, resources, or information, belongs to the

Intellectual property includes our:

- Trademarks
- Logos
- Copyrights
- Policies, forms, agreements
- Educational and training materials
- Business strategies
- Employee work products

Confidential business information includes:

- Non-public information that could be useful to competitors or harmful to the Hospital, our patients, our physicians, or our vendors
- Earnings/forecasts and other financial data
- Business plans and strategies
- Significant restructurings or potential acquisitions
- Undisclosed marketing or promotional activity
- Management changes
- Patient lists and clinical information
- Employee information
- Supplier and contractor information
- Proprietary computer software

Confidential Information

Keeping information secure and confidential is essential to our success.

As part of your job, you may have access to proprietary corporate information or private patient data. This information must be protected to prevent an unauthorized disclosure that could put our Hospital at risk and potentially violate certain laws. Always take necessary precautions to protect the confidential information you learn or have access to as part of performing your job.

You should not share any confidential information with anyone outside the Hospital, even to members of your own family, unless the disclosure is:

- Properly authorized
- Relating to a clearly defined, legitimate business need
- Subject to a written confidentiality agreement approved by the Hospital CEO.

Even within our Hospital and among your co-workers, you must only share confidential information on a need-to-know basis. Confidentiality does not impact our ability to report legal violations internally or to the government.

If your relationship with the Hospital ends for any reason, you are still bound to maintain the confidentiality of information encountered during your employment. However, you are not restricted from disclosing information about your own compensation, benefits, or terms and conditions of employment.

6.
Regulatory Compliance and Ethical Practices

Doing the right thing
always pays off in the long run.

Conflicts of Interest

Gifts and Other Courtesies

Gifts and other courtesies can create conflicts of interest and are strictly limited pursuant to Hospital policy.

As a general rule, giving or accepting gifts can create conflicts, potential conflicts or the appearance of conflicts of interest and are often prohibited by state and Federal law. Only Hospital Personnel who have been specifically authorized and completed training on gifts and courtesies may provide or accept gifts or courtesies in accordance with the Hospital's policy.

All other Hospital Personnel should never provide gifts or courtesies on behalf of the Hospital and should not accept gifts or courtesies from any person or entity that could be or could appear to be a source of referrals or other business with the Hospital. Gifts and courtesies includes, but are not limited to meals, lodging, discounts, gift cards, prizes, travel, tickets, money in any form, or anything of value, in cash or in kind. Hospital Personnel should never give gifts to patients. If a patient offers you a gift, politely decline and explain Hospital policy does not permit you to accept the gift.

All Personnel must be familiar with Hospital Policy on gratuities and gifts. If you receive anything outside of these guidelines, you should return it and explain that our policy does not allow you to keep it.

Conflict of Interest

Don't let your personal interests interfere with the best interests of our patients, your colleagues or the Hospital.

We promote competitive procurement and our selection of vendors, suppliers, and subcontractors will be made based on objective criteria, not on the basis of personal relationships and friendships.

If you think you may have a potential or actual conflict of interest, you have an obligation to report it promptly to the Hospital so that a determination can be made. Many times, conflicts can be resolved through disclosure and an open honest discussion. Other conflicts may require reassignment of roles or withdrawal from certain business decisions.

Failure to report and withdraw from conflicts of interest can result in disciplinary action up to and including termination.

To decide if you have a conflict of interest that should be reported, ask yourself these questions:

Do my outside interests influence my objectivity?

Do I personally benefit from my involvement in this situation?

Does a friend or relative of mine benefit from my decision?

Could my participation in this activity make it harder to do my job?

If the situation were public, would I be proud of my decisions?

Resolving Conflicts of Interest

The Code in Practice

There are various ways to avoid conflicts of interest.

- Resolve clinical conflicts of interest in favor of the patient.
- Do not accept gifts of value from drug companies, vendors, or suppliers.
- Do not participate in vendor incentive programs without disclosure.
- Do not refer patients to healthcare facilities in which you have a direct financial stake without disclosure.
- Do not accept a "kickback" (any payment intended to influence decisions) for any patient referral.
- For staff in decision-making positions, disclose any outside financial interest or commercial activities, including those of family members, domestic partners, or others with a significant personal relationship, that may represent a conflict of interest.

Remember—Having a conflict of interest is not a Code violation.

Not disclosing it is.

Political Engagement

We encourage participation in civic and community activities.

We respect our colleagues that make personal decisions to use their own time or money towards political or community activities. However, to avoid conflicts of interest, Personnel engaged in political activities must do so on personal time using personal resources.

Hiring of Former and Current Government Employees

We do not use employment or contracts with our Hospital as a potential reward.

Avoiding conflicts of interests also extends to hiring or contracting with current or former government and government contractor employees. The regulations of certain anti-bribery and conflict of interest regulations prohibit recruiting former or current government employees, require a waiting period or require certain notifications. The Hospital does not and will not offer employment to any current or former government employees in an attempt to get favorable treatment. Consult the Human Resources Department, the Compliance

Fair Competition; Marketing

Fair Competition

We compete fairly.

Being innovative means that we do not need to compete against others unfairly. We do not seek to gain an edge through unfair competition. We comply with all antitrust laws and never make agreements with competitors that create monopolies or stifle competition. We do not illegally obtain or use proprietary information from competitors, nor do we use deceptive means to gain such information.

Q:
We have just hired an employee from a competitor. How much information is he allowed to volunteer about his former employer?

A:
We must not allow the employee to volunteer, nor should we ask for, any proprietary or confidential information about his former employer. Ask yourself if you would be comfortable if a former colleague shared such information with a competitor of ours. Additionally, there are legal implications relating to the disclosure of other companies' confidential information.

Speaking with Competitors

Avoid discussing sensitive topics with competitors.

Never discuss Hospital's business with a competitor, such as how our prices are set, disclosing the terms of supplier relationships, allocating markets among competitors, or agreeing with a competitor to refuse to deal with a supplier. Our competitors are other hospitals and facilities in markets where we operate.

At trade association meetings, be alert to potential situations where it may not be appropriate for you to discuss prohibited subjects with our competitors. Prohibited subjects include pricing, labor costs, our services in the market, and marketing plans. If a competitor raises a prohibited subject, end the conversation immediately. Document your refusal to participate in the conversation by requesting that your objection be reflected in the meeting minutes and notify the Corporate Legal Department of the incident. In general, avoid discussing sensitive topics with competitors or suppliers, unless you are proceeding with the advise of the Corporate Legal Department or Compliance Officer.

Marketing and Advertising

We advertise truthfully.

We may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and to recruit employees. We will present only truthful, fully informative, and non-deceptive information in these materials and announcements. All marketing materials will reflect services available and the level of licensure and certification.

Government Investigations; False Claims

Government Investigations and Requests for Information

Never obstruct a government investigation.
Our Hospital will cooperate with reasonable government requests for information or facility visits. If a government authority contacts you with a non-routine request, you must notify the Compliance Officer and the Law Department at once. Ultimately, the Compliance Officer and the Law Department will decide what information to provide the government agency or investigators. The fact that a law enforcement agent asks for information does not mean the Hospital committed a crime. Depending upon the nature of the request, the Law Department may need to balance other concerns such as the privacy rights of our patients and employees or the right of the Hospital to defend itself from alleged wrongdoing.

Remember, when speaking with a government official, always tell the truth. Lying to a local, state or federal official can be a crime. Never obstruct or interfere with a government investigation and consult with the Compliance or Law Department, if unclear of what steps to take.

False Claims Act and Deficit Reduction Act

We speak up if we see an error or potential false claim.
The Federal False Claims Act and Deficit Reduction Act protect government programs including Medicare, Medicaid and TRICARE from fraud and abuse. The Hospital follow these laws and has policies to detect, report, and prevent waste, fraud, and abuse. We also respect and provide protection for whistleblowers, including anonymous reporting options and non-retaliation policies.

If you see an inaccurate medical record, fix it before it is submitted as a claim. If it has already been submitted, contact management, the Compliance Officer, or the Compliance Hotline.

Federal False Claims Act:
The False Claims Act and other statutes prohibit knowingly or recklessly submitting false claims to the Government, or causing others to submit false claims.

Deficit Reduction Act:
Contains a number of provisions intended to bolster Medicaid fraud and abuse enforcement, including the requirement to notify whistleblowers of their rights.

Financial Incentives, Bribes, and Kickbacks

We do not tolerate bribery as a business practice.

We follow all industry anti-bribery laws, such as those that regulate the relationship between hospitals and physicians or other referral sources who may refer patients to the facilities. The two primary federal laws are he Anti-kickback Statute and Stark Law but there are also international, state, and local laws. Potential interactions with physicians or other referral sources covered by the Anti-Kickback Statute or Stark Law include:

- Making payment to physicians or other referral sources for services rendered
- Providing space or services to physicians or other referral source
- Recruiting physicians to the community
- Arranging for physicians or other referral sources to serve in leadership positions in facilities
- Referring patients to a practice owned b a family member

We must structure all arrangements with physicians or other referral sources to ensure compliance with legal requirements and our policies and procedures. Additionally, we need to make sure we are meeting our contractual requirements. Even properly structured arrangements can be problematic if not administered correctly. Arrangements must be in writing and approved by legal counsel and the governing body.

If you believe that someone has offered or received a bribe or kickback, or provided something or value in exchange for referrals, contact the Compliance Hotline. See the Gifts and Other Courtesies Section for additional requirements.

Anti-Kickback Statue:
Prohibits offering or paying (or asking for or receiving) anything of value to induce the purchase, order, or recommendation of products eligible for payment by a Federal healthcare program.

Stark Law:
Prohibits a physician from referring business to an entity in which the physician or an immediate family member has a "financial relationship". It also prohibits the entity from billing Medicare, other payers, or the individual for "designated health services" performed based on a prohibited referral.

Our Hospital's overachieving principles that govern our interactions with physicians and other referral sources:

Principles:	Standards
We do not pay for referrals.	• Patient referrals are based on medical need and our ability to provide the service • Never offer to pay anyone for patient referrals
We do not make referrals based on financial relationships.	• Never offer to pay or give something of value to anyone for patient referrals
When doing business internationally, we never bribe government officials, their agents, or their relatives to obtain or retain their business.	• We may not pay or offer to pay a foreign government official, an agent, or relative of the official to influence that official to assist in obtaining or retaining business • Accurate record and accounts of all transitions of assets must be maintained • We may not knowingly falsify books and records
We do not accept payments for referrals we make.	• When making referrals, we do not take into account the volume or value of referrals the other provider makes to us • no quid-pro-quo (or this for that) arrangements

Accurate Billing and Documentation

Billing and Documentation

We keep accurate and timely medical and billing records.

We prohibit all Personnel from knowingly presenting, or causing to be presented, claims for payment or approval which are false, fictious, or fraudulent. We are committed to timely, complete, and accurate billing and documentation, including the following guiding principles:

- We bill only for services actually provided, documented, and ordered by a physician or other appropriately licensed individual.
- We assign billing codes that we believe, in good faith, actually represent the services that we provide and that are supported by documentation in the medical record according to regulatory requirements and guidelines.
- We must accurately document medical records of the services provided.
- We will operate oversight systems designed to verify that claims are submitted only for services actually provided.
- We implement good faith controls to prevent unbundling, upcoding, duplicate billing , and other billing errors;
- We make every effort to ensure that Personnel or subcontractors engaged to perform billing or coding services have the necessary skills, quality assurance processes, and appropriate procedures to ensure that billings are accurate and complete. Our Hospital expects such entities to have their own ethics and compliance programs, Code of Conduct, and quality control procedures.

Q:
What do I do if I see a billing error?

A:
If we see a billing error, we involve a manger, Compliance Officer, or the Compliance Hotline. We investigate and correct the error prior to seeking payment. If we have already billed, we correct the underlying problem and make the proper disclosures

Cost Reports

We will comply with all applicable federal and state laws relating to all cost reports.

Many of our patient services are reimbursed under federal healthcare programs. These programs require that we submit certain reports of our operation costs. We will comply with all applicable federal and state laws when completing, maintaining, and submitting our cost reports. These laws and regulations define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries. Due to their complexity, all issues related to the completion and settlement of cost reports must be communicated through or coordinated with our business office.

Fraud

Conduct business with honesty and openness.

We believe in conducting business transparently. It is one of our core values and we embrace a culture where we feel confident sharing results and outcomes. It is also our responsibility to conduct business in the Hospital's best interest and in accordance with the highest ethical standards.

In addition to violating our values and this Code, it is considered fraud when you intentionally conceal, alter, falsify, or omit information for your own benefit or the benefit of others. You should avoid even the appearance of fraud in your business transactions. For example, never spend Hospital funds without proper approval or enter into an agreement on behalf of the Hospital unless authorized to do so. Examples of fraud include:

- Presenting false medical information to obtain benefits
- Falsely reporting hours to earn more pay or to avoid discipline
- Requesting expense reimbursement from the Hospital for personal items
- Misrepresenting or misstating financial information in our records

Q:

What is the harm in using a slightly different billing code to ensure the patient receives the necessary treatment?

A:

Accurate records are crucial to our business. Falsely coding medical records puts yourself, the patient, and our entire Hospital at risk of violating federal laws.

The Code in Practice:

We believe that all business should be conducted ethically. This means:

- Charge patients for all and only the clinical services provided at the appropriate level as defined by our policies.
- Ensure that payment requests from vendors, employees, and other payees as processed promptly, accurately, and with the appropriate level of documentation.
- Do not promise payments to vendors or other payees or sign contracts that are beyond the scope of your authority.
- Report all and only hours worked on employee time cards.
- Submit authorized employee time cards that follow the rules and regulations of your location , state, and federal government.
- Do not take or borrow property or cash from patients, visitors, Allegiance, or your individual facility.
- Record all financial transactions accurately and promptly.
- Do not offer patients discounts or write/offs without proper approval.
- Maintain the confidentiality of employee, AHM, and your facility's personal and financial information.
- Code medical records accurately, consistent with industry guidelines. Never upcode to improve reimbursement.
- Do not knowingly mislead others.
- Do not abuse special privileges.

Internal Audits and Education

Internal Audits

We must regularly review our internal practices and processes.

We aim to create a culture of compliance. We are committed to our internal audit policies and procedures. Internal audits help us improve our daily activities, our policies and procedures, and help guide our education and training programs. Internal audits are a cornerstone of our Compliance Program.

Acknowledgement Process

Our employees must review and understand this Code.

We require all employees to sign an acknowledgement confirming that they have received a copy of this Code and understand that it represents our values and mandatory policies. New employees will be required to sign this acknowledgement as a condition of employment.

Regular Education and Training

We're always learning and improving.

The key to meaningful compliance is for all Hospital Personnel to want to learn, improve, and grow. That's why we are committed to continued training and education of all of our Personnel. We intend for education and training to be a routine and expected aspect of our normal operations. We expect you to make a good faith effort to learn and abide by the applicable rules, regulations, and statues.

Education may be provided through a variety of means, including:

- Orientation
- Written materials
- Newsletters
- Staff meetings
- Formal internal and external education

Training and education are critically important to the success of any compliance program. We will provide our Personnel with the information and education necessary to comply with all applicable laws, regulations, and conditions of participation.

Authorization to Provide Services

Ineligible Persons

We conduct business with high ethical standards.

Our Hospital does not contract with, employ, or seek payment for services from an individual or entity that is excluded, suspended, debarred, or ineligible to participate in Federal healthcare programs. We routinely search applicable debarment and exclusion lists to ensure this does not happen. Additionally, all employees and the employees of our third-party suppliers are required to report to us if they become excluded, debarred, or ineligible to participate in Federal healthcare programs.

Remember—We do not do business with individuals or entities that are not in good standing with the government.

License and Renewals

We stay up to date on our licenses and renewals.

Some of us are in positions which require professional licenses, certifications, or other credentials. We maintain the current status of our credentials. It is each colleague's personal responsibility to be able to provide evidence of compliance with federal, state, or local licensing requirements. This could include:

- Licensing
- Certification
- Registration
- Accreditation

Each facility must keep procedures to ensure documentation of compliance with the requirements for each position description.

Accreditation and Surveys

Accreditation and External Surveys

We provide direct, open, and honest feedback to external agencies.

Accrediting bodies and external agency entities may request information from us on a variety of topics. These surveys could take place in our facilities or electronically via the completion of questionnaires. Consistent with our core values, we must respond with transparency and honesty. We should not take any action to mislead the accrediting or external agency survey teams. We should not attempt to cause another employee to fail to provide accurate information or obstruct, mislead, or delay communicating information or records relating to a possible violation of the law. We will cooperate with and be courteous to all inspectors and surveyors and provide them with the information to which they are entitled during a survey or inspection.

Anyone aware of suspected violations or misrepresentations to survey agencies must report them immediately to management, Human Resources, the Compliance Officer, or the Compliance Hotline.

Employees must never conceal, destroy, or alter any documents; lie; or make misleading statements to the agency representative.

Q:

In preparation for an accreditation visit, my supervisor has asked me to review medical records and to fill in any missing signatures. May I do this?

A:

No. It is never acceptable to sign another healthcare provider's name in the medical record. It is part of our basic integrity obligation to provide only complete and fully accurate information to accrediting groups.

Ethics and Compliance Support

Integrity

The Code of Conduct cannot cover every scenario.

Of course, no Code can anticipate every situation you might encounter at work. It is up to each of us to ask for help if we find ourselves questioning whether a certain situation or issue is consistent with our values, Code, and policies. Too often, it is easy to assume someone else has the same questions as we do, but it is a personal responsibility each of us has to speak up. This means consulting with management, Human Resources, or the Ethics and Compliance Department.

If you are unclear about something, reach out and let us help. We will thoroughly review your concerns and take decisive steps to correct any problems. We will never approve or condone unethical or illegal behavior.

When you are faced with a gray area of integrity, consider the following:

- How does this decision impact our Hospital both internally and externally?
- Am I confident this decision is something for which I am willing to be held accountable?
- Is this decision consistent with our Code of Conduct?

Integrity means strict adherence to a code or set of values such as this Code of Professional Conduct, the American Nurse's Association's Code of Ethics for Nurses, or the American Medical Association's Code of Ethics.