



CODE OF CONDUCT

CARING with
INTEGRITY

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STATEMENTS OF CULTURE

OUR VISION:

Improving health in the communities we serve.

OUR MISSION:

Quorum Health will build sustainable healthcare organizations by:

- Leading in safety, quality performance and patient experience
- Investing in resources and services to improve access to local care
- Valuing the input of physicians, nurses and other professionals
- Attracting and retaining engaged professionals who share our vision
- Being good community citizens



CODE OF CONDUCT

The Code is one of the most important parts of the organization’s Compliance Program and reflects our commitment to the highest standard of business ethics and compliance. The Code is designed to help guide your daily activities and to help us all act with integrity in the various situations we encounter.

What is Integrity?

When we say that a person has integrity, it means that the person we are referring to is honest and has consistency of character. If someone claims to have integrity, they should have honesty, honor, ethics and high moral standards, and they always act according to these values.

How should I use the Code?

Links are included throughout the Code to policies, guidelines and additional resources. Please use them as a resource whenever you have questions or concerns.

What should you do if you have questions or concerns?

Should you have questions or concerns regarding this Code or any Compliance related policy, you should always feel comfortable raising the question to a supervisor, the Facility Compliance Officer (FCO), the Facility Privacy Officer (FPO), **Corporate Compliance**, or through the Confidential Disclosure Program (i.e. “Hotline”).

“Integrity is doing the right thing even when no one is watching.”

~ C.S. Lewis

“Honesty and integrity is an important part of our character, my character.”

~ Nick Saban

“Whoever is careless with the truth in small matters cannot be trusted with important matters.”

~ Albert Einstein

“I meant what i said and i said what i meant. An elephant’s faithful one-hundred percent!”

~ Dr. Seuss, Horton Hears a Who!

“When you hit a wrong note, it’s the next note that makes it good or bad.”

~ Miles Davis

“My basic principle is that you don’t make decisions because they are easy; you don’t make them because they are cheap; you don’t make them because they’re popular; you make them because they’re right.”

~ Theodore Hesburgh



Elements of the QHC Compliance Program

01

To create, maintain, and demonstrate a culture of doing the right things.

02

To prevent improper conduct.

03

To detect potential risk areas and improve processes to reduce or eliminate the risk.



What is the Quorum Health Compliance Program?

QHC developed and implemented a comprehensive Compliance Program in 2016 that is based upon the elements outlined in the *Department of Health and Human Services Compliance Program Guidance for Hospitals*. The Quorum Health Compliance Program is a program that supports Our Quorum Health Mission and helps protect our culture and our reputation by providing resources that help teammates act with caring and integrity at work.

“The importance of corporate compliance cannot be overstated.”

“... a company’s compliance program is the first line of defense that prevents the misconduct from happening in the first place.”

~ Assistant Attorney General Brian Benczkowski
(April 2019)

Learn More about our Compliance Program at: <https://qhccs.sharepoint.com/sites/QHCPortal/Compliance/Compliance/SitePages/Compliance%20Program.aspx> or click here: [Quorum Health Compliance Program](#)



Elements of the QHC Compliance Program

An important part of the Compliance Program is to ensure that we have processes in place to help prevent, detect, and deter fraud, waste and abuse in government health care programs. Important elements of the program include: (Click each element below for more information)

- **Written Policies and Procedures**
- **Code of Conduct**
- **Corporate Compliance Officer and Compliance Committees**
- **Facility Compliance Officers**
- **Facility Privacy Officers**
- **Training & Education**
- **Exclusion Screening**
- **Auditing & Monitoring**
- **Confidential Disclosure Program & Hotline**

Confidential Disclosure Program

We always hope you feel comfortable discussing your concerns with your local management team, human resources, Facility Compliance Officer or Facility Privacy Officer. If you would prefer, you can always call the hotline or contact the Corporate Compliance Department. The Confidential Disclosure Program is a free phone number for reporting issues or raising concerns that involve known or potential violations of law, regulation or Quorum Health policy. Calls are answered live, by a third party, 24 hours a day, seven days a week.

You are not required to identify yourself when reporting known or suspected improper conduct. We will not try to identify an individual making an anonymous report unless the individual admits to engaging in improper conduct. QHC policy, the Deficit Reduction Act, the Fraud Enforcement Recovery Act, the False Claims Act, and other state and federal laws provide protection from retribution or retaliation against any person for reporting actual or suspected violations of the Code, law, or policy. Any supervisor who attempts to divert, discourage, or retaliate against a team member for reporting a compliance concern will be subject to severe discipline, up to and including discharge.

Hotline:

1-844-742-7742 (or) 1-844-QHC-7742

Email:

QHC Corporate Compliance

Address:

Corporate Compliance and Privacy Officer
Quorum Health
1573 Mallory Lane, Suite 100
Brentwood, Tennessee 37027

Violations and unresolved suspected violations of any laws, rules, regulations, and/or the Code of Conduct must be reported to the Corporate Compliance and Privacy Officer or through the Confidential Disclosure Program.

Failure to report a known or suspected violation of the law, Code of Conduct, or any Compliance policy could subject an individual to disciplinary action. However, intentionally false or misleading reports made with the intent to damage another person's reputation violate the Code of Conduct.

All colleagues are required to cooperate with investigation efforts.

Learn More at: <https://qhccs.sharepoint.com/sites/QHCPortal/Compliance/Compliance/SitePages/Compliance%20Program.aspx> or click here: [Confidential Disclosure Program](#)



Caring with Integrity and the Workplace

Harassment, Discrimination, Retaliation and Violence

QHC values the talents of each team member and promotes diversity. We are determined to provide an equal opportunity environment and to comply with all laws, regulations, and policies and we will take action to address complaints of these actions.

Some elements that help define a healthy work environment include:

- Recognizing each other's contributions
- Having policies that are based on trust
- Doing what we say we will do

Our policy is to provide equal opportunity without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, citizenship, veteran status, military or uniformed services, or other legally protected characteristics.

WHAT IF?

We have an open position in my department and my supervisor asked for my input on the applications that we received. Before I could review them, he pulled two applications from consideration. I think it may be because my supervisor believes the applicants are too old. Should I say something about this?

WHAT YOU SHOULD DO?

Yes, our QHC policy is to provide equal opportunity and comply with all laws, regulations and policies. You should report to your Facility Human Resources Director, Facility Compliance Officer or to the Confidential Disclosure Hotline (1-877-742-7742).

We should treat diversity as an opportunity for our business success. We should not discriminate, harass or retaliate based on any legally protected characteristics of conduct. In addition, acts of violence will not be tolerated in the workplace.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Equal Opportunity Employment \(EEO\) Policy; Harassment and Intimidating or Disruptive Behavior Policy](#)



Caring with Integrity and the Workplace

Substance Abuse and Controlled Substances

Ensuring the safety of our patients and our work environment is a top priority. To support this priority, we are committed to an alcohol and drug-free work environment. Reporting to work under the influence of any illegal drug or alcohol; or using, possessing, or selling illegal drugs while on work time or property is not in the best interest of our patients and cannot be tolerated. We may use drug testing as a means of enforcing this policy. The use of prescription drugs prescribed for someone other than you while on the job is also prohibited.



WHAT IF?

You suspect a co-worker is under the influence of alcohol or drugs. What should you do?

WHAT YOU SHOULD DO?

Report the situation immediately to your Facility Compliance Officer, Human Resources Director, Direct Supervisor, or call the Confidential Hotline at 1-877-742-7742.

FACTS:

- According to the Journal of Clinical Nursing, approximately 20% of all nurses struggle with an addiction to drugs or alcohol.
- 1 in 10 physicians will fall into drug or alcohol abuse at some point in their lives, mirroring the general population.
- Physicians who receive treatment and are enrolled in Physician Health Programs (PHPs) have an abstinence rate of 75-90% at 5 years after treatment.

[Western Journal of Emergency Medicine]

All team members must report for work free of the influence of alcohol and illegal drugs. At times, you may need to take prescription or over-the-counter drugs that could impair your job performance. It is required that you notify your supervisor if your medication could adversely affect your job performance.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Substance Testing/Fitness for Duty Policy; Employee Assistance Program](#)



Caring with Integrity and the Workplace

Health, Safety and the Environment

We are committed to providing a safe and healthy workplace for all team members, customers, patients, and visitors. We are equally committed to minimizing any negative impact upon the environment. These commitments can be achieved through the awareness and cooperation of all team members.



You are responsible for following safe operating procedures, guarding your own health along with your team members. Please use proper procedures when disposing of hazardous or other waste materials.

Please report any condition you perceive to be unsafe, unhealthy, or hazardous to the environment to a supervisor, department head, Director of Plant Operations, the Facility Compliance Officer, the Corporate Compliance Department, or the Confidential Disclosure Program.

WHAT IF?

I noticed that housekeeping staff have taken the sharps containers and thrown them out with the rest of the trash. I don't think they mean any harm and don't want to get them in trouble.

WHAT YOU SHOULD DO?

You can remind them of our policy on hazardous materials and waste management and make sure that they properly dispose of the waste. You can escalate the situation to a manager if needed, to facility Human Resources, the Facility Compliance Officer or the Confidential Disclosure Hotline.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Hazardous Materials and Waste Management Plan](#)



Caring with Integrity and the Workplace

Professional Licenses, Certifications and Credentials

Patient care and integrity is at the center of everything we do. One way to help ensure quality care is to maintain a valid professional license, certification, or other necessary credentials. In fact, we cannot work without them.

Ineligible Persons

Federal and state agencies will generally not pay for services provided by individuals whom they determine are “ineligible.” Therefore, we do not contract with, employ, or bill for services rendered by an individual or entity that is considered ineligible. We also monitor on an ongoing basis to help ensure we comply.



WHAT IF?

Your coworker tells you that their license has lapsed, but says they won't bring it up because they are going to get it done soon, and need the money.

WHAT YOU SHOULD DO?

Working without a valid license affects patient care, and puts the employee at risk for disciplinary action. Let your Facility Compliance Officer, Human Resources Director, or Direct Supervisor know.

You are required to report to your Human Resources Department or Facility Compliance Officer if anyone doing business at or with your facility is excluded, debarred, or ineligible to participate in federal Healthcare programs.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Screening Requirements Ineligible Persons Policy: Licenses, Certifications, Registrations and Accreditations Policy](#)



Caring with Integrity and the Workplace

Gifts

There are situations that arise which relate to how people in the organization interact with one another. We are all expected to represent the organization with integrity. Even the appearance of favoritism due to personal relationships with vendors or accepting items of value could call our integrity into question.

Gifts from vendors or business partners. Cash gifts, tips, or cash substitutes in any amount from vendors or suppliers are strictly prohibited. Such practices could be viewed as unethical and in many cases illegal. The receipt of other gifts from vendors should be discussed with your supervisor and Facility Compliance Officer.

Gifts given to co-workers is a situation that also occurs. While we wish to avoid strict rules in this regard, no one should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances.



WHAT IF?

We've had the same vendor for about 5 years now. The rep offered me playoff tickets because we are such a good customer. Can I accept them?

WHAT YOU SHOULD DO?

No, you must not accept, offer, give, or solicit anything of value to or from any representative of a vendor supplier, customer, potential customer, patient, physician, financial institution or similar entity. Doing so could give the appearance of favoritism.

OUR STANCE:

You or your family may not accept or offer: any gifts, entertainment, or other items or acts of value. However, in rare instances you may accept a gift of nominal value with the approval of a department director or higher level member of management.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Conflict of Interest Vendor Relationships Policy; Discounts and Waivers Policy; Policy on Purchasing Goods and Vendor Relationships \(Discounts\); Business Courtesies Policy, and your employee handbook.](#)



Caring with Integrity and the Workplace

Complaint Resolution

Your Human Resources Department can provide a Complaint Resolution form and assistance in preparing and presenting a grievance. Information provided or received as part of the grievance process is held in strict confidence. Refer to your Handbook or contact your Human Resources Department for more information.



If you are concerned about a personnel action that does not involve any violation of law, the Code of Conduct, or Compliance Policy, you may file a complaint where you are employed.

WHAT IF?

You have an issue with your manager and after meeting with your manager, no resolution is found.

WHAT YOU SHOULD DO?

You should ask the Human Resources Department to provide a Complaint Resolution form and assist in preparing and presenting a grievance.

For more information, check your Employee Handbook for additional information.

Use of Organizational Resources

We should only use the resources of the organization for business related purposes. We must not use the organization's resources for personal gain.

WHAT IF?

I saw a coworker take a handful of syringes from the supply room and put them in their backpack as they were leaving for the day. Not a whole box, just a few, along with a few band aids and pairs of gloves. I asked what they were for and they said they help take care of their grandmother. Is this ok?

WHAT YOU SHOULD DO?

No, our resources are only to be used for business related purposes. You should report this to a manager, supervisor, the Facility Compliance Officer or the Confidential Disclosure Hotline.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Sale, Donation or Trade-in of Hospital or Clinic Equipment with Memory Functionality Policy](#)



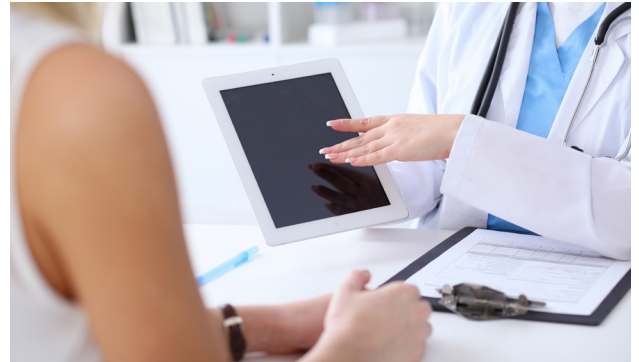
Caring with Integrity and our Patients

Patient Privacy

Patient privacy goes beyond a person’s name and Privacy Laws prevent us from disclosing individual identifiable information that might affect a patient’s reputation.

What is “individually identifiable information?”

At a basic level, it is information that we reasonably believe could identify an individual. This is not just a medical record or system information, but can be videos, pictures, texts, social media or other recordings.



What does this mean?

Pictures & Video - To demonstrate our integrity to our patients and avoid a potential HIPAA violation, we should not take pictures, voice recordings, or video of our patients unless specifically related to patients’ care (ex. wound care) and approved by the Facility Compliance Officer, or in accordance with Quorum Health policy. Even if done innocently, this information is generally not of our job duties and should not occur.

Texting - We should also avoid sending texts related to patient care unless it is done within a company sanctioned secure texting application. Even then, the communications should be general and can’t be considered a part of the medical record.

Social Media – For many of us, social media is a positive way to stay connected to friends, family, and co-workers. However, there is never a legitimate reason to reference the treatment of specific patients or post pictures or videos taken at work. Even if you believe your social media group is limited or private. Again, we want to be sure our patient information always remains confidential.

WHAT IF?

A patient reports to you they received another patient’s information in their discharge instructions.

WHAT YOU SHOULD DO?

Secure the discharge instructions if possible, note the name and contact information of the patient reporting the concern, contact the Facility Privacy Officer and give the original copies and contact information to the Facility Privacy Officer.

WHAT IF?

I haven’t heard back from my doctor about my test results and I have access to the system, can I check the results?

WHAT YOU SHOULD DO?

No, you should only look at information you have a need to know in the course of your daily work. You should follow your facility’s process and procedure for medical records release.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Compliance with HIPAA Privacy Regulations, Definitions Policy; HIPAA Policies and Procedures; Disclosure of PHI to Law Enforcement Officials Policy; Sanctions for Violations of Data Protection and Handling Policies, Standards, and Procedures Policy; Notice or Privacy Practices](#)
Learn More at: <https://qhccs.sharepoint.com/sites/QHCPortal/Compliance/Compliance/SitePages/FPO%20Resources.aspx> or click here: [Compliance FPO Resources Intranet Site](#)



Caring with Integrity and our Patients

Electronic Media, Records and Documents

Electronic media such as telephones, other communications systems, e-mail, Internet access, and voice mail are provided to team members for business use.

Responsible, incidental personal use is acceptable, provided that it does not interfere with the performance of job duties, use the resources in a manner that limits or impedes their use of access for legitimate business purposes, or violate this or any other organization or facility policy. Our patients and business partners trust us to do the right thing by using our resources wisely.

What should I do?

Be sure sensitive information of any type is secure - Unless authorized by the company or required or authorized by law, any confidential patient information, non-public proprietary business information (trade secrets, intellectual property, company financial data, plans, strategies, research, analyses), or other legally confidential information must not be conveyed by any media sources unless appropriate security measures are in place.

Do not transmit sensitive information via email or other electronic means unless a secure mechanism for transmission has been approved by facility leadership, Information Systems Department, and Facility Privacy Officer.

Email, Internet access, and other electronic media shall be used only by authorized users in the performance of their assigned job duties.

Be aware - Since these electronic media (telephones, email, Internet, etc.) are the property of the organization, we should assume these communications are not private and may be monitored. We must not use the organization's electronic media to distribute or transmit any unlawful or obscene materials.

WHAT IF?

You notice your coworker forwarding an email with PHI to her personal email address. She wants to make sure she has the information she needs to complete a task at home. Is this ok?

WHAT YOU SHOULD DO?

No, you should report this to a manager, supervisor, the Facility Privacy Officer or the Confidential Disclosure Line.

FACT:

In 2019, the average cost of a data breach was \$3.92 million dollars. The United States had the highest average cost of breach at \$8.19 million dollars, and healthcare was the most expensive industry with an average breach cost of \$6.45 million. The average size of a data breach in 2019 was 25,575 records.

(Ponemon Institute)

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Communications and Operations Management Policy](#)



Caring with Integrity and our Patients

Retention and Disposal of Documents and Records

Legal and regulatory practice requires the retention of certain records for various periods of time, particularly in the following areas: health information, patient accounting, tax, personnel, health and safety, environment, contract, and corporate office. In addition, no records or files may be destroyed when there is pending or imminent litigation, government investigation, or an audit; relevant records must not be destroyed until the matter is concluded.

What should I do?

- Be sure to think about the next person to need the information you are retaining and ensure they are appropriately organized, indexed, or identified as defined by company policy.
- Be a good steward of company resources by destroying records after they have met the retention period specified in our *Document Retention Schedules*.

WHAT IF?

Your email inbox is 98% full and you received an email stating you will not receive any more email until you free up space for it. Your inbox is filled with important archived documents and replies that you may need but was not touched since it was archived.

WHAT YOU SHOULD DO?

Review the record retention policy and determine the record retention time frame for your documents. If it is over the suggested time, it may be deleted and you will not be asked to present it at any time.

WHAT IF?

You noticed your department has a full filing cabinet of business records dated back 10-15 years ago and unsure if you still need it. Should you suggest throwing them away?

WHAT YOU SHOULD DO?

Reference the record retention schedule and take action accordingly.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Document and Record Retention Policy; Record Retention Schedule](#)



Caring with Integrity and our Patients

Emergency Medical Treatment

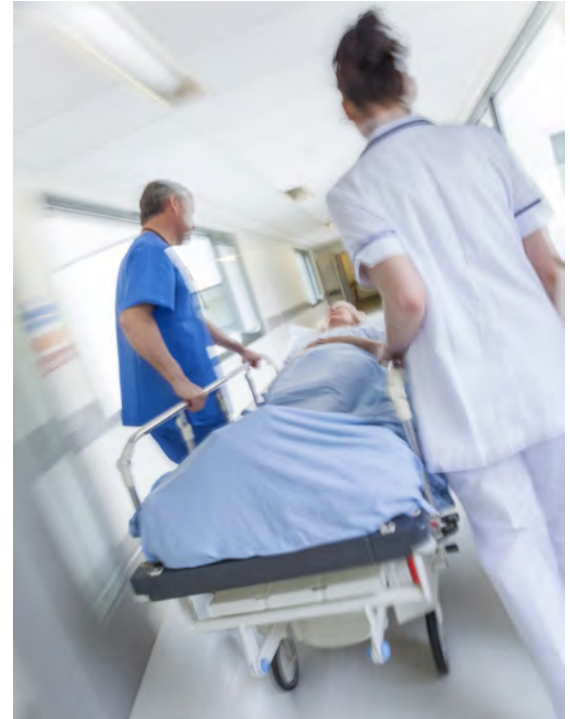
What should I do?

If an emergency medical condition exists, the patient will be provided with medical treatment to stabilize the condition and/or an appropriate transfer to another facility.

What are some of the specific requirements?

Medical screening or treatment will not be delayed to inquire about an individual's ability to pay including obtaining or verifying insurance information or advising the patient of his/her financial responsibility for payment of services rendered if he/she receives treatment.

Each patient must also have a Medical Screening Examination (MSE) by a qualified medical provider. The patient going to the "triage" area in the Emergency Department, generally does not fully meet the requirements of an MSE.



WHAT IF?

An individual comes to the hospital lobby asking to be directed to the ER. You overhear a staff member tell the individual that our emergency room is very busy and the staff member suggests the individual go to another hospital in the local area.

WHAT YOU SHOULD DO?

Politely escort the individual to the emergency department. All persons arriving on a hospital property or in the emergency department and requesting a medical examination for an emergency medical condition will receive a medical screening examination. Inform your supervisor or Facility Compliance Officer about the incident.

All hospitals must comply with the Emergency Medical Treatment and Active Labor Act ("EMTALA") when providing emergency medical care.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [EMTALA Medical Screening Stabilization Policy](#), [EMTALA Emergency Transfers Policy](#), [EMTALA Reporting Policy](#), [EMTALA Signage Policy](#), [EMTALA Provision for On-Call Coverage Policy](#), [EMTALA Central Log Policy](#)

Learn More at: www.qhclearning.com or click here: [Quorum Learning Center](#)



Caring with Integrity and our Patients

Patient Rights

Patients should expect effective communication that provides information in a manner that can be understood. We will provide interpreting, translation services, or auxiliary aids at no cost and in a manner that meets patient needs related to vision, speech, hearing or cognitive impairments. The information should be provided in a way that will allow the patient to formulate an informed consent for treatment.



Additionally, patients have the right to information about the bill for services, receipt of the Notice of Privacy Practices, ability to request an accounting of disclosures, a restriction of use or disclosure of protected health information, or an amendment to the medical record.

WHAT IF?

Patient presents to the ED for treatment, during the medical screening exam, the patient has trouble communicating with the providers and it becomes obvious care team and patient are unable to effectively communicate.

WHAT YOU SHOULD DO?

We are committed to providing effective communication with the patient; we should contact a qualified interpretation service. If you need assistance, contact the Patient Access Director, Charge Nurse, Chief Quality Officer or Facility Compliance Officer.

NOTE:

Individuals must be properly trained and certified to provide health care interpretation services to patients. We may not rely upon uncertified multilingual staff, family members or friends of patient to provide interpretation services.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Patient Rights and Responsibilities Policy](#); [Patient Rights and Responsibilities Form 100-ADM-1901](#)



Caring with Integrity in our Business Practices

Accrediting Bodies, Regulatory Compliance, Government or Union Officials

Healthcare services may be provided only pursuant to federal, state, and local laws, rules, and regulations. As a result, we are visited by various accrediting, auditing, and investigating bodies.



We should always demonstrate our integrity by treating accrediting agencies and bodies in a forthright manner. We should not mislead a surveyor or survey team.

Good communication helps everyone to prepare and meet our obligations. We must notify our Chief Quality Officer and assigned Corporate Survey Management Director in the event of a visit or inspection by a survey team.

Upon presentation of a search warrant, subpoena, or other criminal or administrative legal process by a law enforcement official (e.g., FBI, State Bureau of Investigation, US Department of Justice, HHS Office of the Inspector General, etc.), notify the QHCCS General Counsel *and* the Corporate Compliance Department.

You should not offer any government employee, union official, or their representatives any meals, entertainment, or gifts that would cause the donor or the recipient to be in violation of any law, regulation, or policy.

The Clinical Services Department provides excellent Quality related resources including Survey Management. Contact the [Corporate Compliance Department](#) or [Legal Department](#) if other agencies present to the hospital (ex. Department of Justice, FBI, Department of Health & Human Services, etc.).
Regulatory Survey Notification Process Policy

WHAT IF?

A member of a Joint Commission survey team approaches you and asks you a question about your processes.

WHAT YOU SHOULD DO?

Be honest in your responses and seek clarification or assistance as necessary. If you are not certain of your answer, please check with your supervisor.

Learn More at: <http://myqhcintranet.quorumhealth.com/Compliance/> or click here: [Corporate Compliance Department](#)

Learn More at: <http://myqhcintranet.quorumhealth.com/Legal/> or click here: [Legal Department](#).



Caring with Integrity in our Business Practices

Federal and State False Claims Act Laws

What is the FCA?

The False Claims Act (FCA) Law provides that civil penalties may be imposed against any person or entity that knowingly presents or causes to be presented a false or fraudulent claim to a federal healthcare program for payment.

The federal False Claims Act includes whistleblower protection provisions that protect any individual who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against for filing an action under the federal False Claims Act.

Many states have enacted False Claims Act statutes that contain provisions that are similar to the federal statute, including whistleblower provisions.

In 2019, DOJ recovered

\$3.054 billion
in FCA “settlements
& judgments”;

\$2.605 billion

or **85%** were health
care related recoveries.

WHAT IF?

A member of the lab department is concerned that certain tests are not being charged or billed accurately.

WHAT YOU SHOULD DO?

We want to make sure that individuals know they have many options to find answers to their questions including a member of management, the Facility Compliance Officer, or the Hotline. Federal and state laws provide protection from retribution or retaliation against any person for reporting actual or suspected violations of the Code, law, or policy.

Preventing, Detecting and Reporting Fraud, Waste and Abuse State DRA Guidelines are available as a subset to this policy. Please see your Employee Handbook for additional information.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Preventing, Detecting and Reporting Fraud, Waste and Abuse](#)



Caring with Integrity in our Business Practices

Financial Arrangements with Physicians and Referrals

Financial relationships with physicians will comply with established policies, Stark Law, and federal Anti-Kickback statute.

What should we do?

We will not consider the value or volume of referrals, or other business generated between parties in determining when to enter into an arrangement or in establishing compensation to be paid or received. Physicians may not accept any item, favor or service with a monetary value in exchange for referrals.

All payments made to physicians and/or other potential referral sources must be:

- Pursuant to a current and fully executed written agreement
- Must be at fair market value for actual services performed

What does this mean?

- Department leaders charged with overseeing a physician contract should ensure appropriate documentation is provided to Accounts Payable to support the payment.
- Accounts Payable should ensure each physician payment is appropriately supported by detailed documentation and consistent with the terms of a fully executed contract.
- Hospital leadership should ensure these processes are in place.

“Kickbacks made in connection with the provision of medical services undermine the integrity of our health care system . . . We will take action against medical service providers who through unlawful conduct put their own financial interests ahead of the best interests of patients.”

~ Assistant Attorney General Jody Hunt for the Department of Justice’s Civil Division.

“Kickbacks give doctors an incentive to pursue unnecessary treatments that are costly and sometimes even dangerous to patients . . . We will not tolerate medical care providers who put their patients at risk and waste taxpayers’ dollars in order to line their own pockets.”

~ U.S. Attorney Robert K. Hur

“Patients rightly expect their doctors will make recommendations based on sound medical practice – not payoffs that too often result in needless and sometimes even harmful procedures . . . We will continue to protect patients and taxpayer-funded government health programs from these unnecessary services, as the government contended in this case.”

~ Maureen R. Dixon, Special Agent in Charge for the Office of Inspector General of the U.S. Department of Health and Human Services.

WHAT IF?

Upon arriving to work you notice a local physician and his staff have moved into a new space in the hospital. You comment to your supervisor about the physician moving in and your supervisor says “yes, I agreed to let Dr. Smith use the space because his office is being renovated”. You ask your supervisor if administration approved the move, and she isn’t sure. You remember from the Code of Conduct training that agreements with physicians for anything of value must be in writing and appropriately approved.

WHAT YOU SHOULD DO?

Contact your Facility Compliance Officer.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Business Courtesies and Other Miscellaneous Financial Arrangements with Potential Referral Sources Policy](#)

Learn More at: <https://www.justice.gov/opa/pr/dallas-based-physician-owned-hospital-pay-75-million-settle-allegations-paying-kickbacks> or click here: [DOJ Article](#).

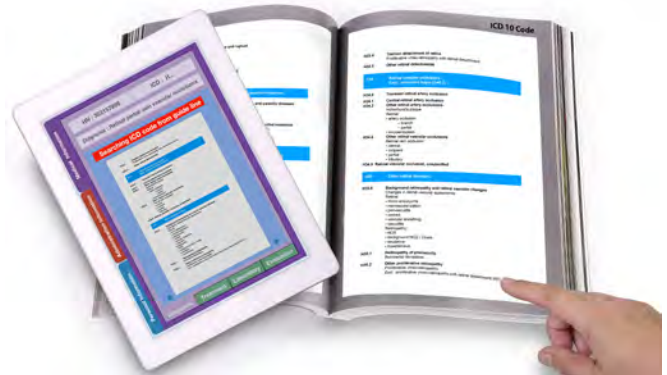


Caring with Integrity in our Business Practices

Coding and Billing

Coding of diagnoses and procedures will be in accordance with the Centers for Medicare and Medicaid Services (CMS) recognized coding guidelines. The organization will maintain a routine auditing and monitoring program to verify the accuracy and validity of coded data and claims regardless of the source of payment.

All individuals responsible for coding and billing for services will adhere to all official coding and billing guidelines, rules, regulations, statutes, and laws. You are prohibited from knowingly causing or permitting false or fraudulent claims.



WHAT IF?

You queried the provider three times for a diagnosis on a patient's chart you tried to code in the past thirty days with no answers. This affects your productivity. You reach out to your manager for assistance. Your manager tells you she knows this provider, and he is the only provider who does these procedures at your facility. She tells you the diagnosis is always XYZ for this procedure. Should you go ahead and code the chart with your manager's approval or wait for the physician's answer?

WHAT YOU SHOULD DO?

No, you should wait for the physician's answer before coding the chart. You are prohibited from knowingly causing or permitting false or fraudulent claims.

Cost Reports

We receive reimbursement under government and certain non-government healthcare programs that require the filing of reports on the costs of operation.

The organization will comply with all federal, state, and local laws, rules, and regulations relating to all cost reports. We will utilize acceptable practices to determine allowable costs and reimbursement for the costs of services provided to program beneficiaries.

If you have questions regarding the completion and/or settlement of a cost report, they should be directed to the **QHCCS Revenue Management Department**.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Coding Compliance Policy](#)

Learn More at: <http://myqhcintranet.quorumhealth.com/CodingServices/> or click here: [Coding Services](#)

Learn More at: www.qhclearing.com or click here: [Quorum Learning Center](#)



Caring with Integrity in our Business Practices

Financial Reporting and Records

We must always keep in mind that individual charges, transactions, and financial entries will ultimately be incorporated into our consolidated financial statements and certified by our Company leadership as being accurate. We also present this information to the public and the federal government in accordance with generally accepted accounting principles (GAAP) and other regulations. Anyone who makes or contributes to financial entries, financial reports, and other financial transactions has a special ethical obligation to ensure the information we provide is accurate and complete. When you sign your annual acknowledgment of the QHC Code of Conduct, you are certifying that you respect the confidentiality of financial and accounting information and promise to proactively promote ethical behavior related to the organization's financial records.

Conflicts of Interest

If you have any financial interest owned or acquired (including by gift or inheritance) you must disclose immediately to the Corporate Compliance and Privacy Officer. You should avoid outside financial interests that might influence decisions or actions in the performance of your duties for the organization.

WHAT IF?

Your brother is the Vice President for MedYN, a medical technology vendor who is in currently in contract negotiations with your facility.

WHAT YOU SHOULD DO?

Notify your Facility Compliance Officer to avoid potential conflict of interest.

WHAT IF?

A manager told their employees about the company's financial goals and to do their part, the department must reduce their costs. In reporting the costs for a certain month, a member of the department sees the costs may exceed the goal amount. What should the department member do?

WHAT YOU SHOULD DO?

Ensure the information is reported accurately and focus on the goal during the next month. Never feel like you have to inaccurately change information to artificially meet a goal.

FACT:

The collapse of Enron, which held more than \$60 billion in assets, involved one of the biggest bankruptcy filings in the history of the United States, and it generated much debate as well as legislation designed to improve accounting standards and practices, with long-lasting repercussions in the financial world. The scandal resulted in a wave of new regulations and legislation designed to increase the accuracy of financial reporting for publicly traded companies. The most important of those measures, the Sarbanes-Oxley Act (2002), imposed harsh penalties for destroying, altering, or fabricating financial records. The act also prohibited auditing firms from doing any concurrent consulting business for the same clients.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Accounting Policies](#); [Conflict of Interest Policy](#)



Caring with Integrity in our Business Practices

Inside Information, Securities Trading and Proprietary Information

As a healthcare organization that is associated with a publicly traded company, there are many laws and regulations that apply to information. Inside information, such as acquisition plans, financial and operating data (before it is publicly released), marketing plans, or other business material is nonpublic information. Inside information should only be shared with people inside the organization whose jobs require the information.

WHAT IF?

As a member of the radiology department, you have access to sensitive information about the facilities processes and types of patients treated. Should I share this information with my friend that works in a competing facility across town?

WHAT YOU SHOULD DO?

No, information you gain while working at your facility should be viewed as private and not disclosed outside of your facility.

FACT:

In 2001, Martha Stewart sold all of her shares of the biotech company, ImClone. Just two days later, ImClone's stock fell 16% after it was publicly announced that the FDA had not approved ImClone's primary pharmaceutical product, Erbitux. By selling her shares in the company prior to the announcement and subsequent drop in the stock's value, Stewart avoided a \$45,673 loss. Stewart was sentenced to 5 months of prison time for obstruction of justice and conspiracy after the insider trading charges were dropped and securities fraud charges dismissed. In addition to the prison sentence, Stewart also settled with the SEC on a separate but related case in which she paid a fine of four times the amount of the loss she avoided plus interest, which came to a whopping total of \$195,000. She was also forced to step down as CEO from her company Martha Stewart Living Omnimedia for duration of five years.

You may not engage in any illegal or improper acts to acquire a competitor's trade secrets, customer lists, technical developments, or operation. You should not discuss proprietary information, trade secrets, confidential technology, or customer lists acquired during the course of employment or contract with the organization with anyone outside the organization and only discuss it within the organization on a need to know basis.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [Insider Trading Policy](#) or

Learn More at: <http://myqhcintranet.quorumhealth.com/Legal/Manuals/Forms/FP.aspx> or click here: "Statement of Company Policy – Securities Trades by Company Personnel"



Caring with Integrity in our Business Practices

Political Activities and Contributions

The organization supports team member participation in civic affairs and political activities. However, these affairs and activities must not create a conflict of interest with the organization nor reduce the individual's work performance.



What should I do?

You must recognize that involvement and participation in political activities is on an individual basis, on your own time, and at your own expense. When you speak on public issues, you should make it clear to the audience that your comments are your own personal viewpoints.

Learn More at: <https://qhc-corporate.policystat.com/> or click here: [QHCCS Financial Policies and Procedures, Political Contributions Policy](#)



Acknowledgment

I acknowledge that I have received, read and understand the Quorum Health Corporation (“QHC”) Code of Conduct.

I agree to abide by the compliance policies summarized in the Code of Conduct and all federal, state, and local laws, rules and regulations for the duration of my association with QHC.

Signature

Printed Name

Date

Facility

