

CODE OF
CONDUCT

CARING WITH INTEGRITY

CODE OF CONDUCT

CARING with INTEGRITY

Quorum Health Corporation. ("QHC") is a holding company. Its subsidiary companies and partnerships own or lease and operate their respective hospitals and other assets and businesses. Quorum Health Corporation does not have any employees. Throughout this document, we refer to Quorum Health Corporation and its consolidated subsidiaries and any parent entities in a simplified manner and on a collective basis, using words like "we," "our," "our organization," "Quorum Health", "Quorum", "QHC" and the "Company". This drafting style is suggested by the Securities and Exchange Commission, or SEC, and is not meant to indicate that Quorum Health Corporation or any other subsidiary of Quorum Health Corporation owns or operates any asset, business, or property. The hospitals, operations, and businesses are owned and operated, and management services provided, by distinct and indirect subsidiaries of Quorum Health Corporation. QHCCS, LLC ("QHCCS"), an indirect subsidiary of Quorum Health Corporation, provides management and consulting services to the local operating entities pursuant to the terms of management agreements with the local entities. Quorum Health Corporation has no employees, and those officers and directors of Quorum Health Corporation who are identified in this document are employed by QHCCS.

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CARING WITH INTEGRITY



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CARING WITH INTEGRITY

OUR MISSION:

Improving health in the communities we serve.

OUR VISION:

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

OUR VALUES:

Our Culture is marked by how we live our values, including:



We Do the Right Thing:

How we work is just as important as our work. We give our best every day, guided by our code of conduct and a commitment to safety, quality, and integrity.



Results Start with Me:

We believe the biggest impacts can come from the smallest kindnesses. Each of us is responsible and take action to address needs in a spirit of service.



Deliver Excellence, Together:

We are focused on delivering excellent results, knowing this only happens when we do it together. We learn continuously, collaborate openly, and hold ourselves accountable for results.



In Service to our Neighbors:

We build healthy communities wherever we are and partner with our teams, patients, and neighbors to create communities built on shared compassion, respect, and commitment. It is an honor to care for the communities we serve.

CODE OF CONDUCT

The Code of Conduct ("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, that person should have honesty, honor, ethics and high moral standards, and 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").

Caring with Integrity



What is the Quorum Health Compliance Program?

Quorum Health 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 supports our mission and values by fostering a culture of integrity.



Purpose of the Compliance Program

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

02 To prevent improper conduct.

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

Caring with Integrity

Elements of the Compliance Program

An important part of the Quorum Health 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. Elements of the program include:

- **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, the Human Resources Department, Facility Compliance Officer or Facility Privacy Officer. If you would prefer, you can always contact the Hotlines or contact the Corporate Compliance Department. The Confidential Disclosure Program (or "Hotline") is a free phone number and web-based link for reporting issues or raising concerns that involve known or potential violations of law, regulation or Quorum Health policy. Calls to the Hotline are answered live, by an independent third party (unaffiliated with Quorum Health), 24 hours a day, seven days 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. Quorum Health policy and 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.

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 termination.

Hotline:

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

[Hotline Web Report](#)

Email:

QHC_Corporate_Compliance_Support@qhcus.com

Address:

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

Caring with Integrity and the Workplace

Harassment, Discrimination, Retaliation and Violence

Quorum Health values the talents of each team member and promotes diversity. We are determined to provide an equal opportunity environment and to comply with all applicable laws, regulations, and policies. We will take action to address complaints of any violations.

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 SHOULD I DO?

Yes, our Quorum Health 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 Hotline (1-877-742-7742 or [Hotline Web Report](#))

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 about QHC policies at: <https://qhc-corporate.policystat.com>

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 or unprescribed legal 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 and alcohol testing as a means of enforcing this policy.



WHAT IF?

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

WHAT SHOULD I DO?

Report the situation immediately to your Facility Compliance Officer, Human Resources Director, Direct Supervisor, or contact the Hotline at 1-877-742-7742 or [Hotline Web Report](#)

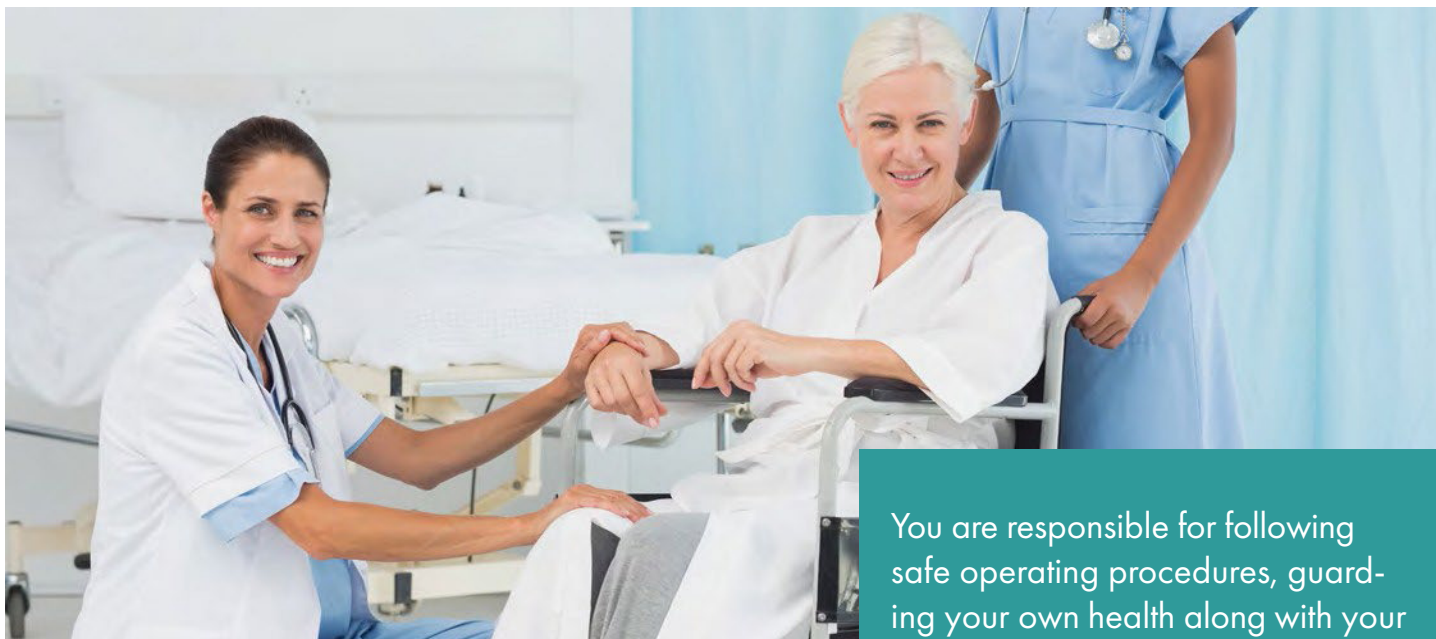
All team members must report for work free of the influence of alcohol and illegal drugs. At times, you may need to take prescription or over-the-counter drugs that could impair your job performance. It is required that you notify your supervisor if your medication could adversely affect your job performance.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

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 Officer, the Corporate Compliance Department, or Hotline or **Hotline Web Report**

WHAT IF?

I noticed that housekeeping staff have taken the sharp 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 SHOULD YOU 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, the Corporate Compliance Department or the Hotline or **Hotline Web Report**

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

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 by a relevant agency. We also monitor on an ongoing basis to help ensure we comply.



WHAT IF?

Your coworker tells you that her license has lapsed, but asks that you not bring it up because she is going to get it soon and needs the money.

WHAT SHOULD I 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. You are required to report to your Human Resources Department or Facility Compliance Officer any pending actions against your license by a relevant agency.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

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 to and from vendors or business partners.

Gifts with nominal value – as defined in the **Gifts Policy** - are acceptable from vendors or business partners. Gifts include, but are not limited to, gift cards or gift certificates. 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 gift offered or received should be appropriate to the circumstances.

Gifts given to potential referral sources. Gifts are not permitted to potential referral sources. The receipt of gifts to potential referral sources should be reported to the Facility Compliance Officer.

WHAT IF?

We've had the same vendor for about 5 years now. The rep offered me playoff tickets valued at \$400 because we are such a good customer. Can I accept them?

WHAT SHOULD I DO NOW?

No, you must not accept, offer, give, or solicit anything of more than nominal 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.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

Caring with Integrity and the Workplace

Meals and Entertainment

Dinner with colleagues, vendors and or business partners can occur to discuss opportunities and partnerships. During those times, we are expected to represent the organization with integrity. Even the appearance of favoritism due to personal relationships or dinners or entertainment events with vendors could call our integrity into question.

Business meals with vendors or business partners. Meals cannot not exceed the cash value outlined in the **Meals and Entertainment Policy**.



Entertainment. Any entertainment activity cannot exceed the cash value outlined in the **Meals and Entertainment Policy**. For any ticketed event, the cost of the event is the face value of the ticket and for charity events, the cost of the event is the fair market value of the activity provided as opposed to the full amount of the ticket (i.e., the amount of the charitable contribution may be excluded from the value of the entertainment provided to the business associate or vendor).

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 Human Resources policies, visit the HR Intranet site or contact your Human Resources Department for more information.



WHAT IF?

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

WHAT SHOULD YOU DO?

You should go to the Human Resources Department if there is no resolution with your manager.

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 contact Human Resources Department.

For more information, visit the Corporate HR Intranet site 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 his backpack as he was 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 he said he helps take care of his grandmother. Is this, ok?

WHAT SHOULD YOU 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 about QHC policies at: <https://qhc-corporate.policystat.com>

Caring with Integrity and our Patients

Patients Protection Against Non-Discrimination

Quorum Health values our community and the patients we serve. We are determined to provide a safe and high quality of care environment to all patients and visitors that walk in our facilities. Additionally, we comply with all laws, regulations, and policies and we will take action to address all patient complaints of discrimination.

Creating a non-discriminatory environment means:

- Ensuring access to care for all, giving greater emphasis to primary care over specialty care,
- Eliminating inequities in the receipt of highquality care,
- Addressing patients' social risk factors and needs more effectively,
- Diversifying the healthcare workforce.



Quality patient care begins with Us. Our policy is to not exclude, deny access/benefits to health care, or otherwise discriminate against or treat differently any person on the basis of race, color, national origin, disability, age, sexual orientation or stereotyping, gender identity, genetic information, pregnancy, childbirth and related medical conditions in admission to, participation in, or receipt of the services and benefits under any of its programs

WHAT IF?

A patient reports that they have been mistreated by one of your coworkers every time they have an appointment and believe they are being discriminated against due to their ethnicity.

WHAT SHOULD YOU DO?

Report the situation immediately to your Facility Compliance Officer, Human Resources Director, Direct Supervisor, or call the Hotline at 1-877-742-7742 or [Hotline Web Report](#)

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

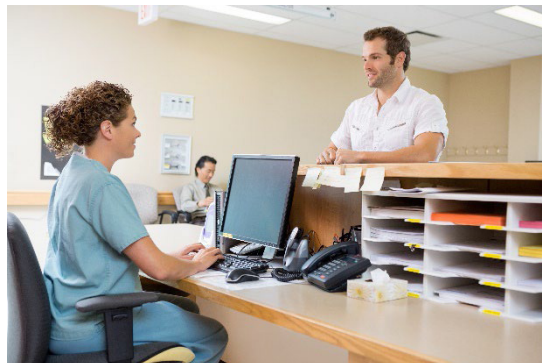
Caring with Integrity and our Patients

Patient Privacy

Patient privacy goes beyond a person's name and both federal and state privacy laws ("Privacy Laws") prevent us from disclosing individual identifiable information.

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. Even if done innocently, this information is not part 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 are not 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 coworkers. 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 her discharge instructions.

WHAT SHOULD YOU 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.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

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 or violates policies. 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, the Information Security Department, and Facility Privacy Officer.

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

Be aware - Since these electronic media (telephones, email, Internet, etc.) are the property of the organization, you should assume these communications are not private and may be monitored. You may 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 protected health information (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 SHOULD YOU DO?

No, you should report this to a manager, supervisor, the Facility Privacy Officer or the [Hotline Web Report](#)

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

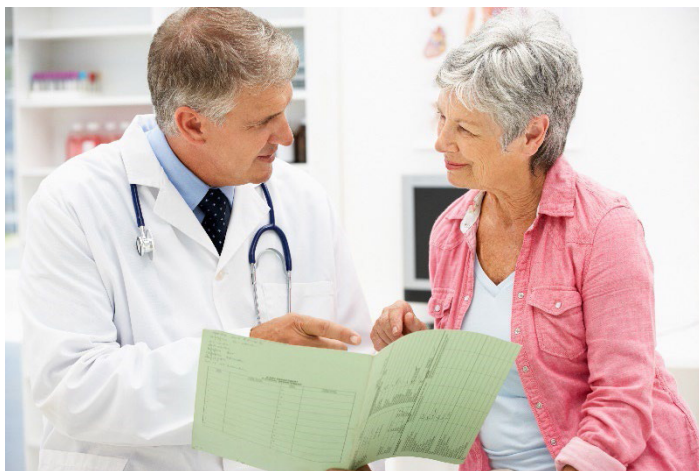
Caring with Integrity and our Patients

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, governmental 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?

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 SHOULD YOU DO?

Reference the record retention schedule and take action accordingly.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

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 should and 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 ED. You overhear a staff member tell the individual that our emergency department is very busy and the staff member suggests the individual go to another hospital in the local area.

WHAT SHOULD YOU 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 about QHC policies at: <https://qhc-corporate.policystat.com>

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 facility's 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 SHOULD YOU 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 the patient translation applications to provide interpretation services.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

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 Legal Department **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 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.).

WHAT IF?

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

WHAT SHOULD YOU 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 about QHC policies at: <https://qhc-corporate.policystat.com>

Caring with Integrity in our Business Practices

Federal and State False Claims Act Laws

What is the FCA?

The federal False Claims Act (FCA) 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 FCA 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 FCA.



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

WHAT IF?

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

WHAT SHOULD YOU DO?

Report the concern to a manager, supervisor, the Facility Compliance Officer, Corporate Compliance Department or the Hotline or Hotline Web Report. Also, Federal and state laws allow protections for individuals to report to applicable agencies if they are not comfortable reporting internally.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

Caring with Integrity in our Business Practices

Financial Arrangements with Physicians and Referral Sources

Financial relationships with physicians will comply with Quorum Health policies, the federal Stark Law, federal Anti-Kickback statute, and any similar applicable state laws.

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, cash gifts, 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 contract with a physician or other referral source should ensure appropriate documentation is provided to Accounts Payable to support the payment. Accounts Payable should ensure each payment to a physician or other referral source 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.

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 SHOULD YOU DO?

Contact your Facility Compliance Officer.

Caring with Integrity in our Business Practices

Coding and Billing

Coding of diagnoses and procedures will be in accordance with the federal 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 SHOULD YOU 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 applicable 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 Revenue Management Department.

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

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 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.

WHAT IF?

A manager told her department about the company's financial goals and that to do its part, the department must reduce its 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 SHOULD YOU 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.

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 Department and Facility Compliance 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 currently in contract negotiations with your facility.

WHAT SHOULD YOU DO?

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

Learn More about QHC policies at: <https://qhc-corporate.policystat.com>

Caring with Integrity in our Business Practices

Proprietary Information

There are many federal and state laws and regulations that may apply to the disclosure of the Company's inside 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 SHOULD YOU DO?

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



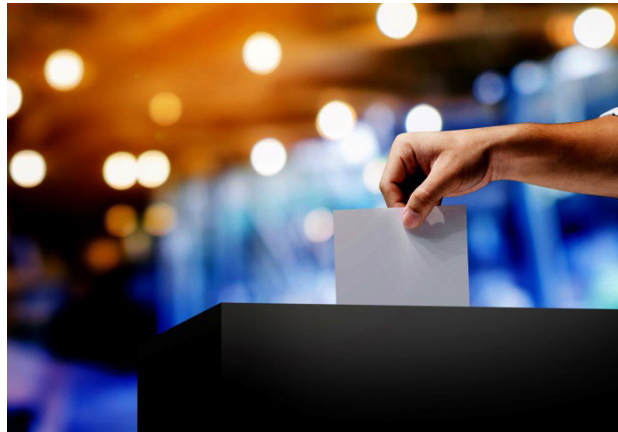
You may not engage in any illegal or improper acts to acquire a competitor's trade secrets, customer lists, technical developments, or operation. You should not discuss proprietary information, trade secrets, confidential technology, or customer lists acquired during the course of employment or contract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

Learn More about QHC policies at: <https://qhc-corporate.policystat.com/>

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 impact 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 about QHC policies at: <https://qhc-corporate.policystat.com/>

Acknowledgment

**I acknowledge that I have received, read and understand the
Quorum Health 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 Quorum Health.**

Signature

Printed Name

Date

Facility

