

**TIFT REGIONAL HEALTH SYSTEM, INC.**

**COMPLIANCE PROGRAM**

**Adopted: January 1, 2019**

# **TIFT REGIONAL HEALTH SYSTEM, INC.**

## **Mission Statement**

To serve the health needs of the patient as well as those of the communities we serve.

## **Vision**

To be the community health system of choice.

## **The Triple Aim**

1. Continuously improve quality, patient safety and the management of population health.
2. Enhance the patient experience.
3. Reduce costs and improve efficiency.

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# **SECTION ONE**

## **TRHS, INC. COMPLIANCE PROGRAM**

### **CODE OF CONDUCT**

## **I. INTRODUCTION**

This Code of Conduct applies to all facilities operated by the Tift Regional Health System, Inc., including Tift Regional Medical Center, Cook Medical Center, Cook Senior Living Center and other physician practices and health care facilities. For simplicity, the term “TRHS” is used throughout this Code of Conduct.

Adherence to this Code of Conduct is a condition of employment and will be an important factor in each employee’s performance evaluation. Conduct in violation of the Principles and Standards set forth below may lead to serious sanctions, including termination. However, the Principles and Standards cannot, nor are they intended to, cover every situation.

## **II. ADDRESSING ISSUES AND CONCERNS**

The numerous, ever-changing regulations and rules that govern each department of TRHS can create areas of uncertainty for employees, professional staff members, agents, and others who carry out daily operations. When such questions or uncertainty exist, it is each person’s obligation to seek guidance. Employees with issues or concerns regarding this Code of Conduct or any of the Principles or Standards should contact any member of the Compliance Committee or the Helpline.

## **III. HELPLINE: (229) 353-6250**

Employees, professional staff members, workforce, vendors, agents, and others may anonymously call the Helpline to report ethical or legal concerns or to report any potentially improper action on the part of any TRHS officer, agent, employee, contractor or representative. For further information regarding the Compliance Helpline, employees should refer to the appropriate sections of the Compliance Program below.

## **IV. REPORTING**

TRHS employees, professional staff members, workforce, vendors and agents are expected to promptly report any perceived or alleged violation of the Compliance Program, Code of Conduct and/or TRHS policies and procedures to someone in their chain of command, the Compliance Officer, or the Helpline. Managers and supervisors are expected to report to the Compliance Officer all compliance issues received from members of their department which require investigation or corrective action. Any employee, professional staff member, workforce, vendor or agent who is instructed, directed, or requested to engage in conduct prohibited by the Compliance Program, the Code of Conduct and/or TRHS policies and procedures, is required to promptly report such information to someone in their chain of command, the Compliance Officer or the Helpline.



## **V. COMPLIANCE AS AN ELEMENT OF PERFORMANCE**

The promotion of and adherence to the Compliance Program and this Code of Conduct is the job responsibility of all employees and is a factor in evaluating the performance of employees, agents and contractors. Violations of the Compliance Program, Code of Conduct, and/or TRHS policies and procedures may result in disciplinary action.

## **VI. PRINCIPLES AND STANDARDS**

### **PRINCIPLE 1 - PATIENT CARE**

**Compassionately deliver appropriate, effective, quality care to patients.**

Standard 1.1. Treatment of Patients. Patients deserve to be treated at all times with dignity, respect and professionalism.

Standard 1.2. Privacy of Patients. Patients' privacy will be respected.

Standard 1.3. Appropriate Care. Patient care must be appropriate and designed to meet the intended outcome of the patient's treatment plan.

Standard 1.4. Standards of Professional Practice. TRHS employees shall observe all applicable standards of professional practice in all TRHS facilities and programs.

### **PRINCIPLE 2 - HUMAN RESOURCES**

**TRHS is a drug-free work place and an equal opportunity employer. TRHS will comply with applicable laws concerning employment, promotion, transfers, demotions and wages.**

Standard 2.1. Equal Employment Opportunities. Harassment or abuse of any kind is prohibited in the TRHS workplace. TRHS prohibits discrimination in any work-related decision on the basis of sex, race, age, color, religious beliefs, political affiliations, handicap, disability status, national origin, language, ethnicity, gender identity or expression, culture, sexual orientation, socio-economic status or any other illegal basis. TRHS expects everyone associated with TRHS to treat co-workers and patients with respect and courtesy and to respect and protect the privacy of TRHS employees and patients. TRHS does not tolerate discrimination or harassment on TRHS property by or against any person and will discipline those who violate this Standard. Freedom from harassment specifically includes, but is not limited to, freedom from sexual advances, requests for sexual favors, sexual innuendo, jokes of a sexual nature, or other verbal, graphic or physical forms of a sexual nature.

If an employee has a grievance, he or she may report this in accordance with the TRHS employee grievance process.

Standard 2.2. Drugs, Narcotics, and Alcohol. TRHS facilities are drug-free workplaces and, as required by applicable policy, TRHS employees must remain free of the influence of illegal drugs and alcohol while working for TRHS.

In order to ensure the safety of all TRHS employees and patients, any employee who has been directed by a physician to take a prescription drug that may adversely affect or impair performance on the job must report that circumstance to his/her immediate supervisor. Reasonable accommodation is made for employees suffering from any disability, so long as the accommodation does not create an undue risk of harm to the employee, patients or others.

If an employee, professional staff member, agent or contractor has concerns regarding possible violations of this Standard, he/she should contact someone in his/her chain of command, the Compliance Officer, or the Helpline.

### **PRINCIPLE 3 - ENVIRONMENTAL HEALTH AND SAFETY**

Standard 3.1. Workplace Violence. TRHS is committed to maintaining a work environment free from workplace violence. Workplace violence includes threats of violence or violent acts such as robbery, stalking, violence, terrorism, and hate crimes. TRHS prohibits the possession of firearms, other weapons, explosive devices, or other dangerous materials on TRHS premises. Persons who experience or observe any form of violence should report the incident to someone in their chain of command, TRHS Security, the Compliance Officer, and/or the Helpline.

Standard 3.2. Environmental. TRHS strives to manage and operate its business in a manner which respects its environment and conserves natural resources. TRHS employees, professional staff members, workforce, vendors and agents should strive to utilize resources appropriately and efficiently, to recycle where possible and otherwise dispose of all waste in accordance with applicable laws and regulations, and to work cooperatively with appropriate authorities to remedy any environmental contamination for which TRHS may be responsible.

### **PRINCIPLE 4 - CORPORATE INTEGRITY**

Standard 4.1. Conflict of Interest. Each TRHS employee has a duty of loyalty to TRHS. Employees must avoid conflicts of interest as well as the appearance of any conflicts of interest. Employees are required to periodically complete conflict of interest certifications, acknowledging that they are unaware of the existence of any potential conflicts of interest.

a. Outside Activities and Financial Interest. A conflict of interest occurs if an outside activity or personal interest may influence or appear to influence the person's ability to make objective decisions or meet his/her job responsibilities for TRHS. A conflict of interest may also occur if the demands of any outside activities hinder or distract the person from the performance of his/her job responsibilities or cause the person to use TRHS resources for any purpose other than for the benefit of TRHS. While not exhaustive, the following demonstrate the types of activities which might result in a conflict of interest:

- i. Relationships with Competitors. A conflict of interest may exist by owning stock in, serving as an officer or director of, receiving compensation from, or providing consulting or other services to hospitals, firms, or entities in competition with any TRHS facility, except where written consent is obtained from the VP/Chief Human Resources Officer. However, TRHS employees may own less than one percent (1%) of the outstanding shares of any class of equity security of a competitor or supplier listed on a national securities exchange or regularly traded on a recognized exchange.
- ii. Suppliers. Having relationships with outside suppliers, contractors, vendors, or other agents may also constitute a conflict of interest. TRHS employees are expected not to conduct any business which benefits the employee, other than on behalf of TRHS, with any vendor, supplier, contractor, or agency (or any director or officer thereof).
- iii. Gifts. Accepting gifts from actual or potential vendors, suppliers, contractors, agents, or patients may also create a conflict. To avoid even the appearance of impropriety, TRHS employees are expected to decline gifts of more than nominal value, including discounts, the acceptance of which would raise even the slightest doubt of improper influence. Provided, however, discounts that are available to all TRHS employees and employees of other companies may be accepted.

b. TRHS Information. TRHS employees may not use for their personal benefit any information about TRHS or information acquired as a result of the employee's relationship with TRHS. Employees are to disclose TRHS's information only as required in the performance of their job duties or as expressly authorized by TRHS. In addition to other disciplinary action, violation of this standard may result in personal liability to the employee for any benefit gained from improper use of such information and/or any damages sustained by TRHS as a result of the improper disclosure of such information.

c. Disclosure of Possible Conflict of Interest. Employees are required to disclose possible conflicts of interest involving themselves or their immediate families (a husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild) to the VP/Chief Human Resources Officer. Employees are required to annually affirm, in writing, that they have disclosed possible conflicts of interest. The VP/Chief Human Resources Officer will investigate and report possible conflicts to the Compliance Committee or the Compliance Officer. In response to a report of a possible conflict, the Compliance Committee will take steps to determine whether a conflict exists and, if a conflict is found to exist, take steps necessary to protect TRHS and appropriately handle the conflict.

d. Reporting Possible Conflicts. If a TRHS employee has concerns about a possible conflict of interest, the employee should contact the VP/Chief Human Resources Officer, the Compliance Officer, or the Helpline.

Standard 4.2. Marketing Practices. TRHS will comply with applicable laws concerning advertising and forgo any business opportunity which can only be obtained by improper or illegal means.

a. Prior Approval. Employees must submit all advertising and marketing materials to the Vice President of Outreach and Development for approval before use.

b. Truthful, Non-Misleading Advertising. The content of each TRHS advertisement should be truthful and designed not to mislead any viewer. Any claims made in an advertisement as to the quality of TRHS's services must be supported by evidence to substantiate the claims made. Price advertising should accurately reflect the true charge for services provided.

c. Concerns Over Marketing Practices. If an employee has concerns regarding possible unethical or unlawful marketing practices, the employee should contact the Vice President of Outreach and Development, the Compliance Officer, or the Helpline.

Standard 4.3. Illegal or Unethical Remuneration. TRHS will not make any unethical or illegal payments, gifts, or accommodations to anyone to induce the use of TRHS services. To avoid any appearance of impropriety, TRHS will not provide any payment or gift to any representative or employee of a government or regulatory agency having authority over TRHS. TRHS will not offer, make, accept or receive payments or other remuneration in order to obtain a competitive advantage with regard to contracts that involve the provision of healthcare services to Medicare or Medicaid beneficiaries. TRHS employees should contact the Chief Financial Officer, SVP/General Counsel, Compliance Officer, or the Helpline immediately if unethical or illegal payments are requested or made.

Standard 4.4. Protection of Assets. Employees are required to use TRHS property and assets for TRHS purposes only and to preserve and protect the assets of TRHS by making prudent and effective use of TRHS resources.

a. Financial Reporting. All financial reports, accounting records, expense accounts, time sheets and other documents are required to accurately reflect the facts or the true nature of the transaction. Employees must not engage in any arrangement that results in false, artificial, or misleading entries being made in any records.

b. Personal Use of TRHS Assets. TRHS property is made available to employees only for authorized TRHS business purposes and should not be used for personal reasons. This applies to physical assets, such as office equipment, computers, software and supplies or medical supplies, as well as other types of property, such as company records, patient information and customer lists. TRHS property is not to be removed from TRHS premises without approval of a supervisor.

Standard 4.5. Lobbying/Political Activity.

a. No TRHS Contributions. No individual may contribute any money, property, or services of TRHS to any political cause in violation of applicable law. TRHS employees may personally participate in and contribute to political organizations or campaigns, but are required to do so using their own funds and in their individual capacities. Additionally, such political activities must not interfere with the employee's ability to perform his or her duties at TRHS and must be in accordance with governing laws, regulations and policies.

b. Assistance from Government Officials. At times, TRHS may ask employees to contact government officials to present TRHS's position on specific issues of which TRHS may have helpful experience or knowledge or which affect TRHS's operations.

## **PRINCIPLE 5 - REGULATORY COMPLIANCE**

**TRHS will strive to ensure that all activities by or on behalf of TRHS are in compliance with applicable laws.**

Employees are required to comply with all applicable laws and all TRHS policies and procedures whether or not specifically addressed in these Principles and Standards.

Standard 5.1. Regulatory Requirements. TRHS and its employees are subject to numerous federal and state regulatory requirements relating to the provision of and reimbursement for healthcare services. TRHS employees are expected to be familiar with the applicable federal and state regulatory requirements and the policies and procedures implemented to foster compliance with such requirements. Questions regarding federal or state regulatory requirements should be directed to the Compliance Officer, SVP/General Counsel, the Helpline, or members of TRHS Administration.

Standard 5.2. TRHS Policies and Procedures. TRHS has policies and procedures concerning specific TRHS departments and overall operations. TRHS will ensure that such policies and procedures are in compliance with current laws, rules and regulations. TRHS employees, professional staff members and agents are expected to be familiar with applicable TRHS policies and procedures and to conduct their actions on behalf of TRHS in compliance with such policies and procedures.

Standard 5.3. Not For Profit Purposes. As a not-for-profit entity, TRHS's policy is to fully comply with all federal and state tax laws and regulations. TRHS's activities should further its charitable purposes and ensure that its resources are used in a manner which furthers the interests of the communities served by TRHS, rather than the private or personal interests of any individual. All tax and informational returns relating to TRHS's not-for-profit status will be filed in accordance with applicable laws.

Standard 5.4. Antitrust. TRHS's policy is to fully comply with all antitrust and similar laws which regulate competition.

Standard 5.5. Physicians. Any business arrangement with a physician must be structured to ensure precise compliance with legal and regulatory compliance. Such arrangements must be in writing and approved by the President-CEO.

Standard 5.6. Fraud and Abuse

5.6.1. Compliance with DRA of 2005. In compliance with the Deficit Reduction Act of 2005, TRHS's policy is to continue its efforts to detect fraud, waste and abuse. Specifically, TRHS will:

- a. Maintain written policy(ies) and procedures and/or a Compliance Standard containing detailed information about: (1) the Federal False Claims Act; (2) administrative remedies under the Program Fraud Civil Remedies Act; (3) state laws pertaining to criminal and civil penalties for false claims; (4) the whistleblower protections under such state laws; and (5) processes for detecting and preventing fraud, waste, and abuse.

- b. Provide these policies or access to these policies and this Standard to all employees and any contractor or agent of TRHS.
- c. Include in the employee handbook specific discussions of these laws, the employees' right of protection as whistleblowers, and TRHS's policies and procedures for detecting and preventing fraud, waste, and abuse.

#### 5.6.2 Federal False Claims Act.

- a. The False Claims Act (“FCA”) prohibits any person from:
  - i. knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval;
  - ii. knowingly making, using, or causing to be made or used, a false record or statement material to a false or fraudulent claim;
  - iii. conspiring to commit any act which is prohibited by the FCA;
  - iv. knowingly delivering, or causing to be delivered, less than all money or property to the government which is in his/her possession, control, or custody;
  - v. with the intent to defraud the government, making or delivering a receipt without knowing whether the information in the receipt is true;
  - vi. knowingly buying or receiving as a pledge of an obligation or debt public property from a government officer, employee, or armed forces member who may not lawfully sell or pledge the property;
  - vii. knowingly making, using or causing to be made or used, a false record or statement to pay an obligation or transmit money or property to the government or knowingly concealing and improperly avoiding or decreasing an obligation to pay or transmit money or property to the government; or
  - viii. knowingly making false claims against the government.
- b. Violations of the FCA are punishable by civil fines ranging between \$5,000 and \$10,000 (as adjusted for inflation pursuant to federal law), plus three (3) times the amount of damages the government sustains because of the acts of the person.

c. Whistleblower Provisions- *Qui Tam* Lawsuits

- i. An action may be brought under the FCA by a private person within six (6) years of the filing of the false claim.
- ii. Any lawsuit brought by a private individual is sealed for sixty (60) days and then the government may pursue the matter or decline to proceed. If the government declines, the individual bringing the action may proceed on his/her own in the appropriate court. If the government or individual proceeds in the action and is successful in recovery of monies, the private individual bringing the suit may receive a portion of the recovery.
- iii. A whistleblower may not be discriminated or retaliated against in any manner by his/her employer for bringing a claim regarding violations of the FCA. A whistleblower who is discriminated against by his/her employer because of lawful acts done by the whistleblower in furtherance of an action under the FCA, is entitled to relief.
- iv. Whistleblowers who prosecute clearly frivolous claims can be held liable for attorney's fees and costs.

5.6.3. Federal Program Fraud Civil Remedies Act.

- a. The Federal Program Fraud Civil Remedies Act ("PFCRA") punishes persons for making certain types of false, fraudulent, or misleading claims or statements.
- b. Any person who violates the PFCRA is subject to a civil monetary penalty of up to \$5,000.00 for each claim or statement which violates the statute. For false claims, a person may also be liable for up to twice the amount of any claim which is in violation of the statute.
- c. Penalties imposed pursuant to the PFCRA may be recovered through civil actions or through administrative offsets against current claims payments.

5.6.4. Georgia Medicaid False Claims Act.

- a. The Georgia Medicaid False Claims Act punishes individuals and entities for engaging in any of the following acts:
  - i. knowingly presenting or causing to be presented to the Georgia Medicaid Program a false or fraudulent claim for payment or approval;



- ii. knowingly making, using, or causing to be made or used a false record or statement in connection with any false claim for money or property;
  - iii. conspiring to defraud the Georgia Medicaid Program by getting a false or fraudulent claim allowed or paid;
  - iv. delivering or causing to be delivered to the Georgia Medicaid Program less property or money than that which rightfully belongs to the Georgia Medicaid Program;
  - v. making or delivering a written receipt of property which is used or to be used by the Georgia Medicaid Program without knowing whether the information shown on such receipt is true and with an intent to defraud the Georgia Medicaid Program;
  - vi. knowingly buying or receiving as a pledge of an obligation or debt, public property from an officer or employee of the Georgia Medicaid Program who is not legally authorized to sell or pledge such public property;
  - vii. knowingly making, using or causing to be made or used a false record or statement in regards to an obligation to pay or transmit money or property to the Georgia Medicaid Program; or
  - viii. knowingly concealing or improperly avoiding or decreasing an obligation to pay or transmit money or property to the Georgia Medicaid Program.
- b. Violators of the Georgia Medicaid False Claims Law may be subject to a fine of not less than \$5,500.00 and not more than \$11,000.00 for each false or fraudulent claim, plus three (3) times the amount of damages which the Medicaid program sustains because of any fraudulent acts, plus costs associated with any civil action to recover damages and penalties. The amount of damages owed to the government for a violation of the Georgia Medicaid False Claims Law may be reduced if: (i) the person who commits a violation of the law provides officials with all of the information he/she knows relating to the violation within thirty (30) days of learning such information; (ii) the person who commits the violation fully cooperates in any government investigation; (iii) the person who commits the violation does not have actual knowledge of a pending investigation; and (iv) a formal action has not been initiated by the government.

- c. A private individual may bring an action under the Georgia Medicaid False Claims Law. The lawsuit is first sealed in order for the Georgia Attorney General to investigate and either intervene and proceed with the civil action or decline to proceed with such action. If the Georgia Attorney General declines to bring a civil action, the individual may proceed on his/her own. If the action is successful, the individual receives a portion of the proceeds of the civil action or settlement, subject to court discretion. The individual may also receive an amount for expenses and fees associated with bringing the legal action. If the private individual is not successful in such civil action, the court may order the whistleblower to pay the defendant's attorney's fees and expenses.
- d. If an employee, contractor, or agent is discriminated against in any manner (including through discharge, demotion, suspension, harassment, threats, etc.) for acts permitted under the Georgia Medicaid False Claims Law or for trying to stop any violation of such law, then such employee, contractor or agent shall be entitled to lawful relief, including reinstatement, two (2) times the amount of back pay, interest on the back pay, and compensation for other special damages, attorney's fees, and costs.

#### 5.6.5. Georgia Taxpayers Protection False Claims Act

- a. The Georgia Taxpayer Protection False Claims Act imposes penalties on any person or entity that:
  - i. Knowingly presents or causes to be presented a false or fraudulent claim for payment or approval;
  - ii. Knowingly makes, uses, or causes to be made or used a false record or statement material to a false or fraudulent claim;
  - iii. Conspires to commit a violation of the Act;
  - iv. Has possession, custody, or control of property or money used, or to be used, by the state or local government and knowingly delivers, or causes to be delivered, less than all of that money or property;
  - v. Being authorized to make or deliver a document certifying receipt of property used, or to be used, by the state or local government and, intending to defraud the state or local government, makes or delivers the receipt without completely knowing that the information on the receipt is true;

- vi. Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state or local government who lawfully may not sell or pledge the property; or
  - vii. Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the state or local government, or knowingly conceals, knowingly and improperly avoids, or decreases an obligation to pay or transmit money or property to the state or a local government.
- b. This Act extends beyond Medicaid claims, and applies to claims made to any local or state government. Penalties for violations of this Act are the same as for violations of the Georgia Medicaid False Claims Act; i.e., a fine of not less than \$5,500.00 and not more than \$11,000.00 for each false or fraudulent claim, plus three (3) times the amount of damages sustained, plus costs associated with any civil action to recover damages and penalties. Like the Georgia Medicaid False Claims Act, the amount of damages may be reduced if: (i) the person who commits a violation of the law provides state or local government officials charged with investigating the violation all of the information he/she knows relating to the violation within thirty (30) days of learning such information; (ii) the person who commits the violation fully cooperates in any government investigation; (iii) the person who commits the violation does not have actual knowledge of a pending investigation; and (iv) a formal action has not been initiated by the government.

Like the Georgia Medicaid False Claims Act, the Georgia Taxpayer Protection False Claims Act permits a private individual to bring a suit for violations of the Act.

#### 5.6.6. Other State Civil and Criminal Penalties

- a. It is unlawful in Georgia for any person or provider of health services to obtain, attempt to obtain, or retain for himself, herself, or any other person any medical assistance or benefits or payments from the Georgia Medicaid Program to which the person or provider is not entitled or in amount greater than that to which the person or provider is entitled when such is obtained or attempted to be obtained by:
  - i. Knowingly and willfully making a false statement or false representation; or
  - ii. Deliberate concealment of any material fact; or

- iii. Any fraudulent scheme or device.
- b. It is also unlawful in Georgia to knowingly obtain or attempt to obtain payments from Medicaid to which a person is not entitled or in an amount greater than that which he or she is entitled or knowingly or willfully falsifying any report or document to Medicaid.
- c. A violation of the above is a felony which is punishable by a fine of not more than \$10,000.00 and/or imprisonment of not less than one (1) year and not more than ten (10) years. In addition to any of the aforementioned penalties, a civil penalty equal to the greater of: (a) three (3) times the amount of any such excess benefit or payment or (b) \$1,000.00 for each excessive claim for assistance, benefit, or payment may be imposed. Interest is imposed on any civil penalty at the rate of twelve percent (12%) per annum.

Georgia also imposes civil fines for Medicaid abuse. Under the applicable statute, Medicaid abuse is any circumstance in which a provider knowingly obtains or attempts to obtain medical assistance or other benefits or payments to which the provider knows he or she is not entitled when the assistance, benefits, or payments are greater than an amount which would be paid in accordance with applicable policies and procedures, and the assistance, benefits, or payments directly or indirectly result in unnecessary costs to the medical assistance program. Abuse does not include unintentional errors in billing, coding, and costs reports and does not include instances of miscoding where there is a good faith basis for the use of the codes. Any person committing abuse may be liable for civil penalties equal to two (2) times the amount of any excess benefit or payment. Interest is imposed on any such civil penalty at the rate of twelve percent (12%) per annum.

## **PRINCIPLE 6 - REFERRALS**

### **TRHS does not pay for patient referrals.**

Standard 6.1 Referrals. TRHS does not make any payments to induce referrals and does not accept any payments for the referrals it makes. TRHS employees are required to refrain from any conduct which may violate applicable fraud and abuse laws, which prohibit the offering, making, soliciting, or receiving of any payments or disguised payments in exchange for the referral of patients. The term “payments” includes money, supplies, services or any other thing of value (excluding legitimate patient refunds). Any violation of this standard may have severe consequences for TRHS and the individuals involved, including civil and criminal penalties, and possible exclusion from federally funded healthcare programs. TRHS has developed and adopted policies and procedures designed to ensure compliance with federal and state laws regarding illegal referrals.

Section 6.2        No Routine Waiver. TRHS does not routinely waive insurance co-payments or provide other benefits to patients in return for the patients using TRHS's services.

## **PRINCIPLE 7 - REIMBURSEMENT CLAIMS**

**TRHS will strive to comply with federal and state laws and regulations regarding the submission of claims and Medicare cost reports.**

Standard 7.1        Billing Fraud & Abuse. TRHS will bill only for services actually rendered and will follow the accepted coding standards as established by official guidelines for coding and reporting. Billing practices are required to comply with the requirements of state and federal payors and conform to all payor contracts and agreements. TRHS employees are required to refrain from conduct which may violate fraud and abuse laws, including the submission of false, fraudulent or misleading claims to any government entity or third party payor, including claims for services not rendered, claims which characterize the service differently than the service actually rendered (such as "up-coding"), or claims which do not otherwise comply with applicable program or contractual requirements.

TRHS employees have an obligation to ensure that all bills submitted to patients, government programs, and other payors, including private healthcare plans, are accurate. TRHS employees also have an obligation to properly document services billed. Substantiating medical documentation is required to be provided for all services rendered.

All employees are required to exercise care in any written or oral statement made to any government agency or other payor. TRHS does not tolerate false or misleading statements by employees to a government agency or other payor. Deliberate misstatements to government agencies or other payors may expose the involved employee to criminal penalties.

Any TRHS employee who discovers an error or inaccuracy in any claim for payment for health care services that has been submitted to a patient, government program or other payor should alert his/her manager or supervisor, the Compliance Officer or the Helpline immediately. Managers or supervisors who receive reports of errors or inaccuracies should first correct the error or inaccuracy and then report to the Compliance Committee the error or inaccuracy and the corrective action taken.

Standard 7.2        Cost Reports. TRHS claims reimbursement for costs based on appropriate and accurate documentation. Employees are obligated to ensure that cost reports are accurate, unallowable costs are not claimed, costs are properly classified, fiscal intermediary prior year audit adjustments are implemented, and all related parties are identified.

Standard 7.3 Medical Necessity. Claims should only be submitted for services TRHS has reason to believe were medically necessary and were ordered by a physician or other authorized individual.

Standard 7.4. Bad Debt Reporting. TRHS will annually review its reporting of bad debts. Such review will include a review of beneficiary deductible and copayment collection efforts and the mechanisms designed to ensure that bad debts do not include routinely waived copayments and deductibles, if any.

## **PRINCIPLE 8 – CONFIDENTIALITY OF INFORMATION**

**TRHS will strive to maintain the confidentiality of patient information in accordance with applicable laws and ethical standards, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).**

Standard 8.1 Patient Information. TRHS will strive to maintain the confidentiality of patients’ health information and other confidential information in accordance with applicable laws and ethical standards, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA requires TRHS to take reasonable measures to protect patients’ protected health information (“PHI”). PHI is defined as individually identifiable information which is created or received and relates to the past, present or future physical or mental health or condition of the subject individual, the provision of health care to the subject individual, or the past, present or future payment for the provision of health care to the subject individual, and which identifies the individual, or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. TRHS will use and disclose PHI only in accordance with established policies and procedures designed to meet applicable regulations. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, employees should seek guidance from their supervisor, the HIPAA Privacy Officer or the Helpline.

Standard 8.2 Proprietary Information. Information, ideas and intellectual property assets of TRHS are valuable assets of TRHS. Information pertaining to TRHS’s competitive position or business strategies, payment and reimbursement information is confidential. This information should not be shared with anyone outside of TRHS and should be shared only with employees having a legitimate need to know such information in order to perform their job responsibilities and who have agreed to maintain the confidentiality of the information. Employees should exercise care to ensure that intellectual property rights, including patents, trademarks, copyrights and software are carefully maintained and managed to preserve and protect their value.

## **PRINCIPLE 9 - GOVERNMENT INVESTIGATIONS**

**TRHS will comply with the law and cooperate with government auditors and investigators in a reasonable and diligent manner, while preserving the legal rights of TRHS and employees involved.**

Standard 9.1 Responding to Government Inquiries and Investigations. TRHS and its employees will cooperate with government auditors and investigators in a reasonable and diligent manner, while at the same time protecting and preserving the legal rights of TRHS and its employees and patients. TRHS employees are expected to show courtesy to all government investigators and not to destroy, conceal, or alter any documents or make any false or misleading statement to government investigators.

Standard 9.2. Notification by Employees. If an employee is approached by any person who identifies himself or herself as a government investigator, the employee should contact the President/CEO, the SVP/General Counsel, or the Compliance Officer immediately.

Notification as provided above is vitally important. TRHS may desire to exercise its rights to have legal representation available for the organization and, in some instances, an affected TRHS employee.

## **PRINCIPLE 10 - DOCUMENT RETENTION**

**TRHS complies with the document retention requirements of state and federal law and third party payers.**

Standard 10.1 Retention Requirements. Medical and business documents and records are retained in accordance with the document retention requirements of state and federal law, state or federal government healthcare programs or other third-party payors.

Standard 10.2 Document Retention Policies and Procedures. TRHS, from time to time, will establish internal document retention policies. Documents may only be destroyed in accordance with applicable policies and procedures. Any document destruction occurring other than as permitted under applicable policies and procedures should be reported to the Compliance Committee or Compliance Officer immediately.

# **SECTION TWO**

## **COMPLIANCE PROGRAM**



## **I. PURPOSE**

Tift Regional Health System, Inc. is committed to conducting the operations of its health care facilities, including Tift Regional Medical Center, Cook Medical Center, Cook Senior Living Center, and other physician practices and health care facilities (collectively referred to herein as “TRHS”) in compliance with applicable rules and regulations. In some circumstances, the interpretation and application of the law is highly technical, and the common concepts of right and wrong lend little guidance. Thus, employees, physicians, contractors and agents who believe that they are conducting themselves properly may, in fact, be violating applicable laws. Violations of the law, even unintentional ones, by employees, physicians, contractors, and agents can subject TRHS to the risk of penalties and embarrassment.

In order to avoid violations of law and regulation and promote the ethical operations of TRHS, the Board of Directors of TRHS believes that a formal Compliance Program should be implemented. The Board’s action in directing the Administrative Staff to proceed with the development and implementation of a Compliance Program should not be interpreted as a concern that present management systems are inadequate. Rather, development and implementation of a Compliance Program is an element in TRHS’s continuing effort to improve quality and performance. TRHS also recognizes that government and accreditation agencies encourage the development and implementation of Compliance Programs by health care providers.

## **II. PROGRAM STRUCTURE**

### **A. Compliance Committee and Compliance Officer**

1. The Compliance Program is overseen and administered by the TRHS Compliance Committee, which is composed of the individuals who hold the following positions:

VP/Chief Information Officer	Risk Manager
SVP/ Chief Nursing Executive	VP/Chief Human Resources Officer
SVP/Chief Financial Officer	SVP/Ambulatory Services
SVP/ General Counsel	SVP/Chief Clinical Officer

2. The Risk Manager shall serve as the Compliance Officer for the Compliance Program, unless otherwise directed by the Board of Directors.

3. The Board of Directors shall review the composition of the Compliance Committee annually, and may change the composition of the Compliance Committee if it feels such will improve TRHS's compliance efforts.

B. Duties and Responsibilities of the Compliance Officer

1. The duties and responsibilities of the Compliance Officer are:

- a. In conjunction with the Compliance Committee, exercising overall management and oversight of the Compliance Program;
- b. Reporting on compliance-related matters to the Board of Directors, either directly or through legal counsel;
- c. Assisting and advising the Compliance Committee, its agents, and others on methods necessary to reduce vulnerability to fraud, abuse, and waste;
- d. Performing an annual review of this Compliance Program;
- e. Assisting the Compliance Committee in revising this Compliance Program in response to changes in law and regulation or practice;
- f. Overseeing all compliance-related investigations;
- g. Overseeing Compliance Committee audits;
- h. Receiving reports from individuals directing the TRHS Compliance Functions (as described below);
- i. Directing and evaluating the performance of persons performing Compliance Functions (as described below);
- j. Assisting in the development of compliance-related policies and procedures; and
- k. Performing such other duties and responsibilities as may be assigned under the Code of Conduct or this Compliance Program.

2. The Compliance Officer is granted such power and authority as is necessary to perform the duties and responsibilities assigned to such position, which shall include the authority to review medical records, billing records, contracts, and other documents to which TRHS is a party. In his/her discretion, the Compliance Officer may delegate certain tasks and duties to members of the Compliance Committee and others who the Compliance Officer believes have the knowledge and skill set to perform the assigned tasks.

3. The Board of Directors periodically evaluates the performance of the Compliance Officer and recommends changes to the performance or responsibilities of the Compliance Officer as it deems appropriate.

4. The Compliance Officer reports to the supervisors and managers designated in the then-current TRHS organizational chart. However, any matters which the Compliance Officer determines, in his/her sole discretion, need to be reported to the CEO directly, the Compliance Officer is authorized to report those matters directly to the CEO without the necessity of following the established organizational chart.

C. Duties and Responsibilities of the Compliance Committee

1. The Compliance Committee shall have overall responsibility for the management and oversight of TRHS's compliance efforts and shall ensure that the provisions of the Compliance Program are duly carried out. Specific duties and responsibilities of the Compliance Committee include, but are not limited to:

- a. Analyzing organizational risk areas and compliance environment;
- b. Periodically reviewing, assessing, drafting, and/or approving policies and procedures related to the Compliance Program;
- c. Soliciting and receiving feedback from various departments and groups relating to compliance matters;
- d. Recommending internal controls designed to carry out the provisions of this Compliance Program;
- e. Monitoring and assessing compliance-related initiatives;
- f. Providing guidance on compliance-related issues brought to the Committee;
- g. As deemed appropriate by the Committee, disseminating guidance which is issued in response to compliance-related questions;
- h. Responding to reported complaints relating to compliance;
- i. Maintaining current knowledge of evolving trends in health care compliance, by, among other things, reviewing guidance issued by the Office of Inspector General, including fraud alerts; and
- j. Performing such other functions as may be assigned by this Compliance Program, the Code of Conduct, TRHS Administration, or the Board of Directors.

2. The Compliance Committee shall have complete authority to investigate alleged violations and, in consultation with TRHS Administration, shall be empowered to take immediate remedial or other action as warranted under the circumstances. The Compliance Committee shall have the authority to review all documents and other information that are relevant to compliance activities, including but not limited to, patient records, billing records, and records concerning marketing efforts of TRHS and TRHS's arrangements with other parties, including employees, physicians, professional staff members, independent contractors, suppliers, agents and vendors.

3. The Compliance Committee shall hold meetings as directed by the Compliance Officer, but not less often than quarterly.

4. The Board of Directors periodically evaluates the performance of the Compliance Committee and recommends such actions as it believes may improve the performance of the Compliance Committee. The Board of Directors appropriately documents its efforts to evaluate the performance of the Compliance Committee.

D. Compliance Sub-Committees

1. The Compliance Committee shall be authorized to form and dissolve such sub-committees as it deems appropriate, provided, however, that the following five (5) sub-committees shall be standing sub-committees of the Compliance Committee:

a. *Billing/Medical Necessity/Appropriateness of Testing Subcommittee*

b. *Cook Senior Living Center Compliance & Accreditation Subcommittee*

c. *Information Management/Privacy Subcommittee*

d. *Accreditation Subcommittee*

e. *Policy Subcommittee*

E. Compliance Functions

1. The regular and ongoing duties of TRHS compliance are to be divided into four (4) distinct functions, each of which is described in greater detail below. Each compliance function shall be under the direction of the individual in charge of such function.

2. *Physician Services Billing Compliance Function*

a. The Physician Services Billing Compliance Function shall be under the direction of the VP/Revenue Cycle.

b. The duties and responsibilities of this Compliance Function shall include:

i. Remaining current on all regulatory and billing areas affecting Physician Services;

ii. At least annually, ensuring that Physician Services meets OIG Model Compliance Guidance;

- iii. Reporting to the Compliance Officer regarding compliance activities for Physician Services;
- iv. Immediately reporting any compliance issues to the Compliance Officer;
- v. Developing regulatory and billing policies and procedures for Physician Services;
- vi. Overseeing compliance with applicable policies and procedures;
- vii. Conducting and overseeing compliance-related training for Physician Services;
- viii. Receiving and answering compliance questions related to Physician Services; and
- ix. Serving on designated compliance sub-committees.

3. *Survey, Investigation, and Remediation Compliance Function*

- a. The Survey, Investigation, and Remediation Compliance Function shall be under the direction of the Director of Survey and Investigation.
- b. The duties and responsibilities of this Compliance Function shall include:
  - i. Overseeing on-site surveys (accreditation, licensure & certification);
  - ii. Serving as the primary liaison between TRHS facilities and on-site surveyors or investigators;
  - iii. Directing development and implementation of corrective action or remediation resulting from surveys, investigations, sentinel events and other reportable events;
  - iv. Subject to appropriate direction from Risk Management, legal counsel, the Compliance Committee and/or other appropriate TRHS committees, investigating potential reportable events, sentinel events, compliance issues, and reports to the helpline;
  - v. Recommending education and training and policy revisions needed to address any of the above; and
  - vi. Serving on designated compliance sub-committees.

4. *Billing Compliance Function*

- a. The Billing Compliance Function shall be under the direction of the VP/Revenue Cycle.

- b. The duties and responsibilities of this Compliance Function shall include:
  - i. Ensuring billing practices of all TRHS facilities meet OIG Model Compliance Guidance;
  - ii. Participating in billing-related investigations;
  - iii. Reporting to the Compliance Officer and the Compliance Committee on billing activities;
  - iv. Developing billing policies and procedures;
  - v. Performing internal billing audits;
  - vi. Engaging external, independent auditors to perform annual billing audits;
  - vii. Immediately reporting any billing compliance issues to the Compliance Officer;
  - viii. Conducting and overseeing billing compliance training;
  - ix. Receiving and answering billing compliance questions; and
  - x. Serving on designated compliance sub-committees.

5. *Accreditation & Licensure Function*

- a. The Accreditation & Licensure Function shall be under the direction of the Director of Survey and Investigation.
- b. The duties and responsibilities of this Compliance Function shall include:
  - i. Ensuring TRHS facilities comply with standards for all external surveys;
  - ii. Directing on-going activities to comply with accreditation & licensure standards;
  - iii. Serving as the liaison between TRHS facilities and accreditation entities between surveys;
  - iv. Recommending policies and procedures to meet applicable accreditation and licensure standards;
  - v. Receiving and answering accreditation and licensure questions;
  - vi. Serving as a co-chair of the Cook Senior Living Center Accreditation & Compliance Sub-Committee; and
  - vii. Serving as Chair of the Accreditation Subcommittee.

**III. IMPLEMENTATION**

- 1. The Compliance Committee is responsible for implementing the Compliance Program and for ensuring that steps are taken to notify employees, professional staff members and agents about the Compliance Program.

2. The Compliance Officer is responsible for overseeing and managing the Compliance Program on a daily basis and he/she will have, at his/her disposal, appropriate resources necessary to discharge the duties of the position.

#### **IV. BACKGROUND CHECKS, NOTIFICATIONS AND CERTIFICATIONS**

##### **A. Applicants for Employment**

In order to become an employee of TRHS, an applicant shall disclose, in writing and in a format acceptable to TRHS, whether he or she previously has been convicted of a crime and whether he/she is excluded, debarred, or otherwise restricted from participating in any government payer program. In accordance with established procedure, all new employees must submit to a background investigation, including a reference check, as part of the employment application process. Persons who have been recently convicted of a criminal offense related to healthcare or who are listed as debarred, excluded or otherwise ineligible for participation in federal healthcare programs may not be employed by TRHS. In addition, exclusion, debarment, or ineligibility for participation in government health care payer programs occurring subsequent to employment may constitute grounds for termination. TRHS evaluates such information in a manner consistent with the Compliance Program's goals and all applicable laws and regulations. Failure to make a complete and accurate disclosure shall disqualify the applicant from employment consideration.

##### **B. Current Employees and Contractors**

1. The Compliance Committee or Compliance Officer may request, in accordance with any applicable laws and/or regulations, that a background check be conducted on any current employee, agent, or contractor in connection with the investigation of any potential or alleged violation of the Compliance Program, Code of Conduct and/or TRHS policies and procedures. In addition, TRHS may perform periodic checks of current employees to determine, among other things, that the employee remains eligible to participate, without restriction, in government payer programs.

2. If a current employee or agent is charged with a criminal offense related to healthcare or is proposed for debarment, exclusion or other ineligibility from participation in federal health care programs, such individual shall be removed from direct responsibility for or involvement in any federal healthcare program. If resolution of the matter results in conviction, debarment or exclusion, such person's employment may be terminated or other arrangements made.

3. If a TRHS employee violates or deliberately fails to report a violation of the Compliance Program, the Code of Conduct, or TRHS policies and procedures, appropriate disciplinary action will be taken, including but not limited to, modification of job responsibilities and discretionary authority, suspension, or termination.

C. Employee Departures

When a TRHS employee resigns voluntarily or is dismissed for a reason other than for violating the Compliance Program, the Code of Conduct, or TRHS policies or procedures, TRHS shall conduct an exit interview to determine whether the employee knows of any wrongdoing or unethical or criminal behavior or activity, including any violation of the Compliance Program, the Code of Conduct or TRHS policies or procedures. The interview shall determine whether the resignation or dismissal is related to any refusal by the employee to violate the Compliance Program or Code of Conduct or to conceal such a violation.

D. Attestation

1. On an annual basis, each employee will be required to confirm his or her compliance with the Compliance Program and to execute a statement acknowledging that he or she has not violated the Compliance Program, Code of Conduct, or TRHS policies and procedures and is not aware of a violation by any TRHS employee, professional staff member, contractor, or agent. Upon appointment and each reappointment, each Medical Staff member shall be required to attest, in a writing acceptable to TRHS, that the Medical Staff member will abide by the applicable provisions of the Compliance Program and Code of Conduct.

2. Each current vendor doing business with TRHS is required to annually execute a certification approved by TRHS in which the vendor represents and certifies that, among other things: (i) the vendor has been made aware of and reviewed a copy of this Compliance Program; (ii) the vendor agrees to abide by the applicable terms of this Compliance Program as well as any policies governing vendors; (iii) the vendor is aware of the availability of the Compliance Helpline described in this Compliance Program; and (iv) the vendor is not debarred, excluded or otherwise ineligible to participate in any federal or state health care program.

E. Contractual Language

When possible, contracts with vendors, service providers and others shall contain a provision alerting the contracting party of the existence of this Compliance Program and the contracting entity's obligation to comply with the applicable provisions of this Compliance Program.



## V. TRAINING AND EDUCATION

### A. Responsibility

The Compliance Officer (or his/her designee) is responsible for the proper coordination and supervision of the training and education efforts for the Compliance Program. The determination of the level of education needed by particular classes of employees will be made by the Compliance Committee, which should ensure that managers, administrators, and other employees with authority to direct claims processing receive training on reimbursement and claims principles, prohibitions on receiving/offering remuneration for referrals, proper documentation, and reporting misconduct. All training undertaken by TRHS as part of the Compliance Program is documented and maintained by the Compliance Officer (or his/her designee), who shall ensure that copies are made available for the Compliance Committee.

### B. Subject Matter

1. All employees shall receive training concerning the Compliance Program, the Code of Conduct and procedures for alerting the Compliance Committee to problems and concerns. Subject matters highlighted in the training may include:

- a. Fraud and abuse laws;
- b. Coding requirements;
- c. Claim development;
- d. Marketing practices;
- e. Claim submission, including specific examples of proper and improper claim submission;
- f. Medical record documentation;
- g. Rules and regulations relating to reimbursement; and
- h. Sanctions imposed for violations of health care program requirements.

2. In addition, employees will receive focused training clarifying and emphasizing the areas of law and regulation that directly impact their specific duties.

### C. Methods

1. As determined by the Compliance Committee or Compliance Officer, a variety of teaching methods may be utilized to communicate information about the Compliance Program, the Code of Conduct, TRHS's policies and procedures and applicable laws and regulations to employees, professional staff members and agents of TRHS. The Compliance Officer evaluates the training methods and training content on an annual basis, suggesting changes as appropriate to address hot-button enforcement issues, regulatory changes, and developments in accepted practice.

2. Teaching methods employed by TRHS may include evaluating or testing employees on information presented during training and education, to determine employees' retention and knowledge of the information provided.

D. Managers and Supervisors

1. Managers and supervisors shall:

- a. Discuss with all supervised employees the compliance policies and legal requirements applicable to their functions;
- b. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment; and
- c. Disclose to all supervised personnel that TRHS will take disciplinary action up to and including termination for violation of these policies or requirements.

2. Managers and supervisors who fail to appropriately notify supervised employees may be subject to disciplinary action, up to and including termination.

E. Performance of Education/Training Requirements

Compliance-related educational and training programs are mandatory, and satisfactory completion of such programs is a condition of continued employment. Adherence to the educational and training requirements shall be a factor in each employee's performance evaluation.

F. Frequency of Education/Training

Compliance-related education and training is a part of annual in-service education for employees.

G. Board of Director Training

1. The Board of Directors is provided compliance-related training each year. The Compliance Officer develops the training to be undertaken by the Board of Directors. Compliance-related training may be performed at regular meetings of the Board of Directors or at other times specified by the Board of Directors. Compliance-related training provided to the Board of Directors focuses on the unique responsibilities of Board members in assisting with regulatory compliance, including risk, oversight, and strategic approaches to overseeing a large health care organization.

2. New board members are provided Compliance-related training within sixty (60) days of beginning service as a board member.

3. The Compliance Officer documents the compliance-related training provided to the Board.

## **VI. REPORTING AND INVESTIGATING**

### **A. Compliance Helpline**

1. TRHS has a Helpline for TRHS employees, professional staff members, contractors, workforce, vendors, agents, and others to report ethical or legal concerns or to report any potentially improper action on the part of any TRHS officer, agent, employee, contractor or representative. The number for the Helpline is provided in the employee handbook. All calls to the Helpline will be logged and reported to a designated person. Upon receiving a report, such person will ensure an appropriate response is taken, which may include, but will not be limited to, notifying the Compliance Officer, the Compliance Committee, TRHS legal counsel, and/or another appropriate committee and undertaking an investigation in accordance with any direction provided. The nature of any investigation and the response should be documented and maintained in the Helpline Log.

2. Calls to the Helpline may be made on an anonymous basis. While TRHS will strive to maintain the confidentiality of a caller's identity, there may be a point where the caller's identity may become known or may have to be revealed in certain instances when governmental authorities become involved. There will be no retribution or discipline for anyone solely as a result of a report to the Helpline, so long as the report is made in good faith.

### **B. Reporting of Violations**

TRHS employees, workforce and vendors are expected to promptly report any perceived or alleged violations of the Compliance Program, Code of Conduct or TRHS policies and procedures to someone in their chain of command, the Compliance Officer, or the Helpline. Managers and supervisors shall report all compliance issues received from members of their department which require investigation or corrective action to the Compliance Officer. Any employee, workforce member, or vendor who is instructed, directed, or requested to engage in conduct prohibited by the Compliance Program, the Code of Conduct or TRHS policies and procedures shall promptly report such information to the Compliance Officer or the Helpline.

### C. Investigation

Perceived or alleged violations of the Compliance Program are investigated in accordance with applicable TRHS policies and procedures. As part of an investigation, the Compliance Committee or Compliance Officer should take steps to ensure that evidence is preserved, such steps may include, but will not be limited to, restricting access to certain information or systems and taking possession of evidence to prevent destruction or tampering. In the event that an investigation uncovers credible evidence of illegal activity, TRHS's legal counsel should be consulted immediately.

### D. Compliance Committee Reports

At the conclusion of an investigation, a report is issued by counsel or the Compliance Officer. The report shall reveal the substance of the allegations, the findings, and the remedial and/or disciplinary measures taken, if any. In addition, the Compliance Officer (either directly or through legal counsel) shall report quarterly to the Board of Directors a year-to-date summary of all reports of any perceived or alleged violations of the Compliance Program, the Code of Conduct and TRHS policies and procedures, the nature of the alleged violations, the findings of any investigation, and the action taken.

## **VII. COMPLIANCE RELATED QUESTIONS AND CONCERNS**

TRHS employees who have questions or concerns regarding compliance related matters may submit these to the person in charge of the applicable Compliance Function or the Compliance Officer. The person to whom the report is made should take steps to formulate a proper response, which may include independently providing an answer, seeking guidance from the Compliance Committee or Compliance Officer, or consulting with legal counsel.

## **VIII. AUDITING AND MONITORING**

### A. Audits

1. An annual compliance audit will be conducted by the Compliance Committee (with the assistance of legal counsel as necessary). The annual audit should verify actual conformance by all departments with the Compliance Program, identify areas of potential compliance risk, and disclose whether deviations from the Program were discovered in a timely manner. The methods used to perform the annual audit are also evaluated on an annual basis, with adjustments made to auditing methods if necessary to address areas of concern or correct discovered flaws.

2. The Compliance Committee shall also conduct, directly or through internal or external auditors, regular, periodic audits of TRHS's programs and departments, particularly those with substantial exposure to government enforcement actions. All external surveys and audits by surveyors, consultants or contractors, and the results and written reports of such surveys and audits should be forwarded to the Compliance Officer to be presented for review by the Compliance Committee.

B. Monitoring

The Compliance Committee shall utilize monitoring techniques that permit the Compliance Committee to identify and review variations from established baselines. If a significant variation is noticed, the Compliance Committee will conduct further inquiry to determine the cause of the deviation.

C. Response to Monitoring and Auditing Activities

In the event that any improper conduct, practices, or areas of potential risk are discovered as a result of monitoring and auditing activities, the Compliance Committee shall ensure that proper steps are taken to appropriately address these issues. In addition, the Compliance Committee shall take steps to follow up on responses which have been implemented, in an effort to ensure that such responses are appropriate and effective.

D. Documentation

The Compliance Committee shall record and maintain with other records of the Compliance Committee, the steps taken by the Compliance Committee to monitor and audit the TRHS Compliance Program and any steps taken in response to findings of monitoring or auditing activities.

**IX. DISCIPLINARY PROCEDURES**

A. Discipline Policy

1. Persons subject to the Compliance Program and Code of Conduct are strictly prohibited from engaging in any activity that violates the Compliance Program, the Code of Conduct, TRHS policies or procedures or applicable laws or regulations. Violations will be grounds for disciplinary action, which may include, but not be limited to, verbal or written warnings, discharge, contract termination, depending on the circumstances of each violation. Disciplinary action for noncompliance shall be taken consistently and on a fair and equitable basis.

2. Disciplinary action may be taken not only against individuals who authorize or participate directly in a violation, but also against such persons who deliberately fail to report a violation or fail to detect a violation because of negligent or reckless conduct. Managers and supervisors may be disciplined for failure to adequately instruct members of their departments or for failure to detect noncompliance where reasonable diligence on the part of the manager or supervisor would have led to an avoidance of or an earlier discovery of a problem or violation.

## **X. MISCELLANEOUS**

### **A. Amendment of the Compliance Program**

1. Modifications and amendments to the Compliance Program are required to be adopted by the Board of Directors. In the event that any modification or amendment to the Compliance Program affects material contained in any employee handbook, then the employee handbook will be revised accordingly.

2. Whenever there is a material change to this Compliance Program, the Compliance Committee or Compliance Officer shall take appropriate efforts to ensure that affected employees are made aware of such materials changes.

### **B. Protected Information**

Documents and reports of the Compliance Committee and its sub-committees, the Compliance Officer, the Compliance Functions or any person acting at their direction are subject to certain confidentiality protections, including but not limited to those protections provided under O.C.G.A. §§ 31-7-15, 31-7-130, et. seq., and/or 31-7-140, et. seq. Accordingly, such documents and reports shall remain confidential and shall not be disclosed outside of Compliance-related activities without the approval of the Compliance Committee or Compliance Officer.

### **C. Governmental and Regulatory Guidance**

The Compliance Officer or the Compliance Committee shall periodically review developing compliance-related issues and guidance which is published by the OIG or other governmental agencies to ensure that TRHS's compliance activities comply with such guidance and appropriately address issues mentioned in such guidance.

D. Policies and Procedures.

Policies and procedures may be developed to implement and supplement the provisions of this Compliance Program. Any policies and procedures developed in connection with the Compliance Program shall be reviewed not less than annually.