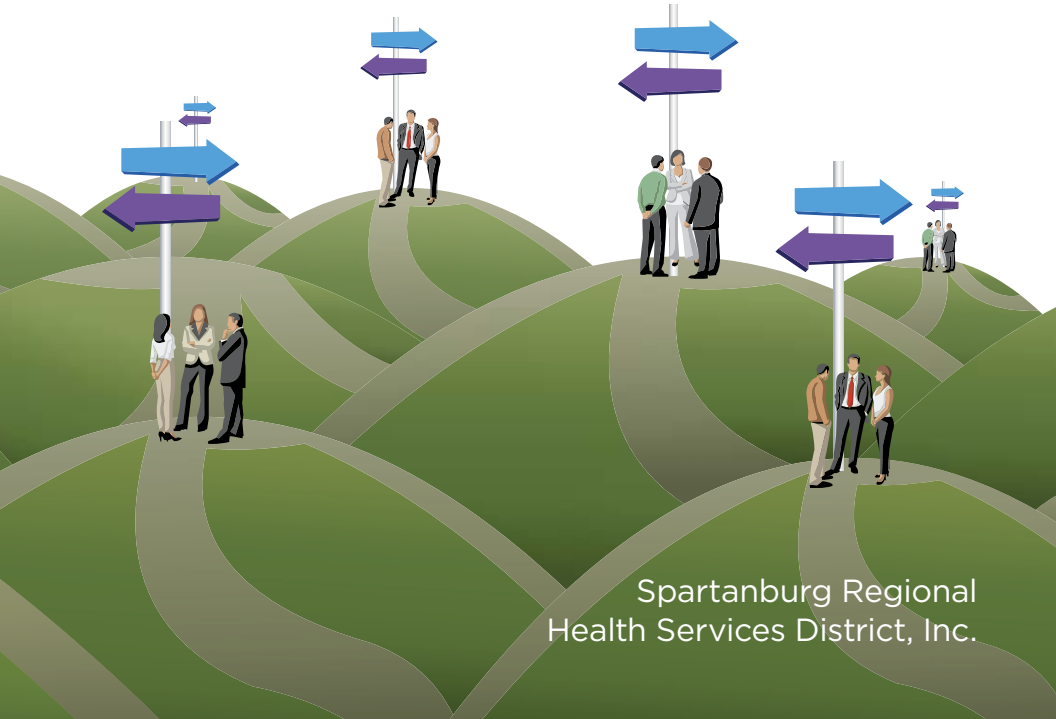


Guide of Integrity

STANDARDS OF ETHICAL CONDUCT



Spartanburg Regional
Health Services District, Inc.

Table of Contents

Regional Responsibility	2
Introduction.....	4
Non-retribution and Non-retaliation	5
Procedure for Reporting Compliance Concerns	7
Leadership	9
Patient Care.....	9
Emergency Treatment	11
Confidentiality/HIPAA	12
Conflicts of Interest.....	13
Employee Interactions.....	16
Equal Employment Opportunities.....	18
Billing & Record Keeping.....	19
Compliance with the Law.....	22
Providing Public Information.....	28
Protecting the Assets of SRHS	29
Safety, Security and Environmental Issues.....	31

The Guide of Integrity: Standards of Ethical Conduct and written policies and procedures contain various provisions relating to your employment with Spartanburg Regional Health Services District, Inc. This guide does not constitute a contractual relationship with the individual.

Regional Responsibility

Dear Colleague,

Spartanburg Regional Health Services District, Inc. (SRHS) has a comprehensive, values-based compliance program called Regional Responsibility, which is a vital part of the way we uphold ethical principles in all of our actions. Because the program aligns with our mission and values, it has easily become incorporated into our daily activities and supports our tradition of caring—for our patients, our communities and our employees. We strive to deliver healthcare compassionately and to act with absolute integrity in the way we do our work and the way we live our lives.



The **Guide of Integrity**, which reflects our tradition of caring, provides guidance to ensure our work is done in an ethical and legal manner. It emphasizes the shared common values and culture which guide our actions. It also contains resources to help resolve any questions about appropriate and ethical conduct in the workplace. Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to our future.

If you have questions regarding this guide or encounter any situation which you believe violates provisions of this guide, you should immediately contact your supervisor,

another member of management at your facility, the Human Resources Department, the SRHS Compliance Officer or the SRHS Hotline (1-877-298-7747). You have our personal assurance there will be no retribution or retaliation for asking questions or for reporting possible improper conduct.

The **Guide of Integrity** is not a substitute for each individual's own internal sense of fairness, honesty and integrity. Thus, in your daily life and work, if you encounter a situation or are considering a course of action that does not feel right (like a "gut" feeling), please discuss the situation with any of the resources mentioned above.

We have a rich heritage, which is reflected in our Mission and Vision Statement and in the **Guide of Integrity**. We are committed to assuring our actions consistently reflect our words. In this spirit, we want SRHS to be a community of shared values, and we expect all of our employees' actions to reflect the high ethical standards set forth in the **Guide of Integrity**. We ask you to assist us in this organization in supporting the values and principles that are critical to continuing our tradition of caring.

The SRHS Board of Directors, Audit and Compliance Committee of the Board, Compliance Officer, Executive Compliance Committee and Compliance Office staffs all provide oversight for the Compliance Program. All of these individuals or groups are prepared to support you in meeting the standards set forth in this guide.

Sincerely,
Corporate Integrity

Introduction

MISSION AND VISION STATEMENT

Above all else, SRHS is committed to the care and improvement of human life. We will put that commitment into action by striving to provide excellence in health. We will also lead the way and become a national leader in healthcare quality while complying with the law and acting ethically.

KEY STRATEGIC STATEMENT

Spartanburg Regional Health Services District, Inc. is committed to clinical excellence, customer and service excellence, and corporate effectiveness.

The following imperatives are essential:

- Deliver Excellent Quality
- Improve Patient Satisfaction
- Build a Winning Team
- Aggressive Financial Management
- Increase Business Growth
- Improve Community Health

PURPOSE OF THE GUIDE OF INTEGRITY

We have developed this guide to ensure we comply with applicable healthcare industry laws and regulations, meet our ethical standards and provide high-quality service to our community.

The compliance program detailed in this guide, requires that all SRHS employees, trustees, physicians, allied health professionals, agents and contractors comply with this guide and all the laws, rules, regulations and polices applicable to them in connection with the performance of their professional responsibilities for or on behalf of SRHS or with business

transactions involving SRHS. This guide is intended to:

- Inform employees and associated persons about the importance of compliance with SRHS policies and ethical standards of workplace behavior
- State the requirements that SRHS employees and associated persons comply with SRHS policies and all laws, rules and regulation applicable to their professional responsibilities
- Emphasize our commitment to follow the highest standards of **ethical and fair conduct**.

Our guide provides guidance in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our employees, students, relationships with patients, affiliated physicians, third-party payers, subcontractors, independent contractors, vendors, consultants, others we may do business with, and one another. The guide is a critical component of our overall compliance program and is our Regional Responsibility. The standards set forth in the **Guide of Integrity** apply to all SRHS facilities.

Non-retribution and Non-retaliation

Spartanburg Regional Health Services District, Inc. has implemented this compliance program to ensure the highest level of ethical and lawful behavior. Policies regarding our Corporate Integrity Program and Standards of Ethical Conduct have been established for employees to guide this endeavor.

Open communications and candid exchanges of information regarding workplace issues are highly encouraged. Toward that end, this non-retaliation/non-retribution policy is established to promote discussion between employees who may fear retaliation or retribution for their reporting actions.

Employees are responsible for promptly reporting actual or

potential wrongdoing, including actual or potential violations of the law, regulations, policies or procedures.

The Compliance Officer and Corporate Integrity will maintain an “open door” policy to allow individuals to report potential problems or concerns and will act on the report promptly and appropriately.

The Integrity Hotline, 1-877-298-7747, is established to permit persons to report concerns or problems anonymously or in confidence, concerning potential issues. Employees may also visit SRHSIntegrityHotline.alertline.com to make an anonymous report.

No employee is permitted to engage in retaliation, retribution or any form of harassment against an employee for reporting, in good faith, any concerns. Retaliation, retribution or harassment will be met with appropriate disciplinary action.

Employees may not necessarily exempt themselves from the consequences of wrongdoing by self-reporting, although self-reporting may be taken into account in determining the appropriate course of action.

Leaders must assure their staff that the system encourages reporting of potential problems, in an atmosphere free from retaliation, retribution or harassment.

Knowledge of potential or actual wrongdoing, misconduct or violations of the compliance program, must be reported promptly to the employee’s immediate supervisor. If employees feel that they are unable to speak to their immediate supervisor regarding an issue involving the system’s corporate integrity initiatives, they should contact the next person in the chain of authority. If employees feel uncomfortable reporting compliance concerns, they should contact the Compliance Officer or the Integrity Hotline (1-877-298-7747 or SRHSIntegrityHotline.alertline.com). Reports are responded to immediately.

Confidentiality of the information contained in the report will be maintained at all times, to the extent lawful or practical. This will be explained to the employee raising the concern or potential violation. Only persons with an absolute “need to know” will be apprised of the reported concern.



Procedure for Reporting Compliance Concerns—Anonymous Hotline

PERSONAL RESPONSIBILITY TO REPORT

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each employee has an individual personal responsibility to report any activity that appears to violate applicable laws, rules, regulations, accreditation standards and standards of medical practice, federal healthcare conditions of participation or this guide.

If you see what you think is a violation of law, regulation, policies and procedures of the **Guide of Integrity**, then you are expected

to report it to your supervisor. If you feel uncomfortable reporting it to your supervisor, or if the matter is not resolved in a timely fashion after being brought to his/her attention, there are other ways that you can report it. Depending on the nature of your concern, you can call or see someone in Safety and Security or Human Resources. If none of these options seems appropriate, you can call Corporate Integrity, Administration or the SRHS Anonymous Hotline. There is no required chain of command for reporting concerns to Corporate Integrity or the hotline.

Calls to the hotline are not traced and are handled in a very confidential manner. Anyone calling the hotline may remain anonymous. If callers choose to identify themselves, their confidentiality is still protected to the extent permitted by law. The hotline is operated by an independent company 24 hours per day, seven days per week. At the completion of the call, the facts of the call will be sent to the Corporate Integrity Department for inquiry. SRHS strongly adheres to its policy of non-retaliation/ non-retribution. No employee making a good faith report of a suspected violation will be retaliated against. However, any employee who knowingly makes false allegations shall be subject to disciplinary action in accordance with SRHS policy. It is our Regional Responsibility.

The Corporate Integrity Department assists SRHS and its employees with abiding by applicable laws and regulations. It does so through a variety of mechanisms, such as facilitating communication, educational efforts, conducting inquiries of potential violations and assisting with the corrections of confirmed violations. The Corporate Integrity Department will evaluate and respond to all hotline calls in an impartial manner, while respecting and protecting the rights of personnel, including anyone who is the subject of a hotline complaint. All calls

are thoroughly investigated before any action is taken. Any disciplinary action resulting from a call is held in strictest confidence by the Corporate Integrity Department.

All supervisors and managers are charged with ensuring that all employees within their departments receive compliance training. Any concerns or allegations of possible violations of law, regulation, policies and procedures or the **Guide of Integrity** will be received openly and courteously, regardless of to whom or how the concern was reported.

Leadership

We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful, ethical and respectful. We expect each supervisor to create an environment where all team members are encouraged to raise concerns and propose ideas.

We also expect that they will ensure those on their team have sufficient information to comply with laws, regulations and policies, as well as the resources to resolve ethical dilemmas. Their leadership styles must support a culture within SRHS which promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to share concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Patient Care

Spartanburg Regional Health Services District, Inc. is committed to delivering quality, cost-effective health care to our patients. We strive to promote customer and service excellence, assuring that all patients, visitors and coworkers are treated with respect, dignity and compassion. We provide patients

with information regarding their rights and responsibilities, and are always careful to protect these rights throughout patients' care and treatment:

- Recognize that each patient of SRHS is a unique individual with personal needs and concerns. We treat each patient with dignity and respect.
- Provide patients with "The Patient Bill of Rights." We provide information about advanced directives, and ask patients their decision concerning these directives.
- Know that the SRHS Ethics Committee is available for consultation regarding ethical conflicts that may arise in patient care or elsewhere by contacting the chaplain-on-call.
- Have a non-punitive environment concerning the reporting of variances that require investigation.
- Provide patients with relevant information regarding their diagnosis, prognosis and treatment options so that they may make informed decisions. We encourage the patient and significant other(s) to participate in the patient's plan of care.
- Work to educate our patients and the community through various programs and services regarding treatment, preventive care and maintenance healthcare measures.
- Ensure that we have appropriate licensure and credentials for the level and type of care that we give.
- Complete annual competencies as required.
- Strive to be aware of and attentive to the needs of patients, their families and visitors.
- Always encourage teamwork and treat coworkers in a professional and positive manner in order to provide excellent quality of care.



- Strive to use the best and latest technology in providing patient care.
- Use service recovery when a service promise is broken.

Each patient is provided with a written statement of patient rights and a notice of privacy practices. These statements include the rights of patients to make decisions regarding medical care, the right to refuse or accept treatment, the right to informed decision-making, and patients' rights related to their health information maintained by the facility. Such statements conform to all applicable state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (hereinafter referred to as HIPAA) and the HITECH rule.

Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of their ability to pay. Provided we have the capacity and capability, anyone with an emergency medical condition is treated. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial information. We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory factor.

Patients with emergency medical conditions are transferred to another facility at the patient's request or if the patient's medical condition cannot be met at an SRHS Emergency Department (e.g., we do not have the capacity or capability) and appropriate care is knowingly available at another facility.

Confidentiality/HIPAA

Spartanburg Regional Health Services District, Inc. ensures that each patient's right to privacy and confidentiality is respected and maintained. SRHS employees adhere to all policies and procedures related to HIPAA.

CONFIDENTIALITY OF INFORMATION

Do not disclose, either orally or in writing, any information pertaining to patients, staff or business operations except in the conduct of official business. Ensure that those who should not have access to confidential information cannot overhear our conversations. HIPAA requires us to protect the security and confidentiality of individual patient information.

ACCESS TO INFORMATION

We prevent unauthorized access to information about patients, employees, vendors or others with whom we have contact. We store written records in a secure place. We do not allow any unauthorized persons to gain access to the computer system, either by revealing passwords or by leaving computer screens open in areas where an unauthorized person can view them.

Those associated with SRHS shall not seek, use or disseminate information for which they do not have a need or right to know to perform their direct responsibilities. This also applies to employees accessing their own personal information.

Workforce members agree to abide by SRHS' policies regarding confidentiality of information as well as federal and/or state law including HIPAA.

Violations may result in discipline ranging from warnings to suspension to discharge or, where appropriate, the filing of

civil or criminal complaint. Disciplinary decisions will be made according to administrative policies and procedures.

PATIENT INFORMATION

Neither employees nor members of the medical staff should take patient charts out of SRHS facilities except by court order or at the direction of the Director of Health Information Management. Refer requests for information or copies of patient records to the Health Information Management Department. Release diagnostic information, such as lab or radiology results, with appropriate authorization. Refer all questions about patient financial information to the Business Office.

Conflicts of Interest

Avoid situations that might make us choose between our personal interests and the interests of SRHS. Avoid situations in which employment, gifts, relationships or financial interests may give the appearance of impairing our service to SRHS or our patients. Do not give incentives that may result in a potential conflict of interest for the receiving person or company. It is our Regional Responsibility.

SRHS employees are generally prohibited from transacting official SRHS business with business entities for which they also serve as officers, agents or board members. SRHS employees may not conduct official SRHS business with businesses in which they also own a substantial interest.

PERSONAL VS. ORGANIZATIONAL INTERESTS

Disclose to supervisors any situation that involves a conflict of interest or that appears to involve a conflict of interest. Do not participate in any activity in which we might receive an improper personal gain or advantage.

DUAL EMPLOYMENT

Avoid working for other organizations or individuals if that employment creates a conflict of interest with your SRHS duties. If you accept employment that might create a conflict of interest with your SRHS duties, discuss the matter with your supervisor. If you receive payment for services that are performed as part of your job and provide the service on organizational time, turn the payment in to the Business Office. If another organization or individual reimburses you for any expenses incurred, do not seek reimbursement from SRHS for those expenses.



GIFTS AND ENTERTAINMENT

Do not ask for personal gifts from patients, their families or vendors. Accept only those personal gifts that have minimal dollar value and that create no obligation to the donor. When a person or organization wishes to make a cash gift, direct the donor to the Spartanburg Regional Foundation Office. If anyone offers a gift and you are not certain how to handle the situation, please ask a supervisor for help.

FAMILY RELATIONSHIPS

SRHS is objective in the selection of staff members and employs the best qualified person for each job.

It is the policy of SRHS not to discriminate in its employment and personnel actions with respect to its employees and applicants on the basis of marital or familial status.

Notwithstanding this policy, SRHS retains the right to refuse to appoint a person to a position in the same department, division

or facility, wherein his/her relationship to another employee has the potential for creating adverse impact on supervision, safety, security or morale, or involves a potential conflict of interest. The department director/manager shall have the responsibility for determining if such a potential for adverse impact exists or does not exist.

Where the department director/manager has made a determination that such adverse impact does not exist, this determination shall be reviewed by the Human Resources director prior to any appointment being made. If the Human Resources director determines that an adverse impact would in fact occur, the hiring department's vice president shall be consulted.

This policy applies to individuals who are related by blood, marriage or adoption including the following relationships: spouse, child, stepchildren, parent, stepparent, grandparent, grandchild, brother, sister, half brother, half sister, aunt, uncle, niece, nephew, parent-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

DEALING WITH VENDORS

Do not give undeserved benefits to any supplier or vendor with whom SRHS deals. Make business decisions solely on the basis of organizational benefit, not individual or personal benefit.

CONTRACTS

Any contract negotiations and engagements should be based on the needs of the organization, not on personal interests. Do not negotiate with, sign contracts for or approve payment to any contractor with whom you have a relationship or personal interest. All contracts must be approved by the Office of General Counsel. Only approved members of the executive staff are permitted to sign contracts on behalf of SRHS.



Employee Interactions

Treat each other with dignity and respect. Work together as a team within each department and between departments by being courteous and cooperative with one another. Comply with regulatory agency standards which require us to have:

- Zero tolerance for intimidating and disruptive behavior
- Education for all employees on appropriate behavior as defined by this guide and our policies and procedures
- Medical Staff policies and procedures for physicians to follow that duplicate the hospital's policy for zero tolerance of intimidating and disruptive behavior
- Proactive management by leadership of disruptive and inappropriate behavior
- Accountability of team members and consistent, equitable enforcement of this guide and policies and procedures among all staff

VALUES

Strive to demonstrate and live by our values that have been developed for all SRHS employees to follow. These values

establish specific behavior that employees are required to practice while on duty:

- Excellence
- Integrity
- Accountability
- Stewardship
- Teamwork
- Respect

SERVICE RECOVERY

Provide service recovery when a service promise is broken.

HARASSMENT AND DISRUPTIVE BEHAVIOR

- SRHS maintains an environment free from harassment, including harassment based on race, color, national origin, religion, sex, age, veteran status, marital status, or physical or mental disability.
- SRHS has zero tolerance for harassing conduct or disruptive behavior (as described in Policy 1000.706). Harassing conduct or disruptive behavior in the workplace, whether physical or verbal, is prohibited.
- Please be aware that unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature may constitute sexual harassment.

MEDICAL STAFF CODE OF CONDUCT

To facilitate effective patient care and hospital operations, medical staff members participating on any of the SRHS facilities' medical staffs must treat others with respect, courtesy and decency. They must conduct themselves in a professional and cooperative manner.

The Medical Staff Code of Conduct Policy (1000.720) describes behavioral expectations and outlines collegial and educational efforts that are used by medical staff leaders to address inappropriate conduct.

DRUG-FREE WORKPLACE

- SRHS maintains a drug-free workplace. No employees or other persons performing job functions at any SRHS facility should report to work or work while under the influence of controlled or illegal substances or substances of abuse.
- To use, own, make, sell, distribute or provide any substance of abuse or associated item illegally on SRHS premises is not allowed.

Equal Employment Opportunities

As employees of the Spartanburg Regional Health Services District, Inc., we strive to be aware of all workplace equality issues that affect our coworkers. SRHS is fair and impartial in its relations with employees and qualified applicants without regard to race, religion, creed, color, age, gender, sexual preference, veteran status or national origin. These standards apply to recruiting, selecting, training, promoting and all other personnel actions and conditions of employment such as compensation, benefits, transfers, leaves, layoffs, returns from leave or layoff, tuition assistance and disciplinary measures.

- SRHS posts each job vacancy, other than those for vice-presidents or higher or physicians, for at least seven days before any hiring decision is made. Posting the position within the department only is acceptable if the job is filled from within the department. Otherwise, the job must be on the SRHS Employment and Recruitment bulletin board. The skill requirements and pay level are included with each job posted.
- Every employee has an opportunity to apply for advancement or change within SRHS.
- SRHS has a grievance policy and procedure for use by employees if they need to resolve complaints or differences relating to their work or conditions of employment.

- SRHS does not tolerate harassment of any kind, verbal or physical intimidation, or threats of violence toward any employee or customer.
- Disciplinary procedures are administered consistently across SRHS.

INELIGIBLE PERSONS

SRHS does not contract with, employ or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal healthcare programs; suspended or debarred from federal government contracts and has not been reinstated in a federal healthcare program after a period of exclusion, suspension, debarment or ineligibility. We routinely search the Department of Health and Human Services' Office of Inspector General and General Services Administration's lists of such excluded and ineligible persons.

Billing and Record Keeping

Ensure the accuracy of patients' bills by basing claims upon properly documented medical procedures and services, as well as knowledge of billing requirements. In the event of errors, it is our goal to correct them promptly by using appropriate resources. We properly store and protect patient records at all times.

Be aware of and follow department policies for performing billing or coding services including those on our own family's record.

PATIENT ACCESS TO BILLS

Provide patients full access to information about their medical bills. Investigate and respond to patients' questions about their bills. Explain SRHS billing procedures and answer patients' questions about insurance and third-party reimbursement.

ACCOUNTING AND RECORD KEEPING

Use accounting procedures that are accurate and honest. Record transactions properly and according to generally accepted accounting principles. Maintain a system of accounting controls to check the accuracy of accounting, billing and record keeping. Outside auditors review SRHS books annually. If you discover a material error in recording a transaction, report it immediately to a supervisor.

Extending a professional courtesy or free inpatient or outpatient services could be construed as a violation of the Federal Anti-kickback Statute and will not be offered by SRHS to healthcare providers (physicians, allied health professionals) or others.

ACCURACY, RETENTION AND DISPOSAL OF DOCUMENTS AND RECORDS

Each SRHS employee is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny governmental authorities that which may be relevant to a government investigation.

Medical and business documents and records are retained in accordance with the law and our record-retention policies and procedures. Medical and business documents include paper documents such as letters and memos, computer-



based information such as email or computer files on disk or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policies. SRHS employees must not tamper with records. No one may remove or destroy records prior to the specified date. Under no circumstances may an SRHS employee use patient, coworker or any other individual's or entity's information to personally benefit (e.g., perpetrate identity theft).

CODING AND BILLING FOR SERVICES

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers, and patients. These policies, procedures, and systems conform to pertinent federal and state laws and regulations. We prohibit any employee or agent of SRHS from knowingly presenting or causing to be presented claims for payment or approval which are false, fictitious or fraudulent. In support of accurate billing, medical records must provide reliable documentation of the services we render. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered part of the official medical record. Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner. Do not waive deductibles or co-payments. Do not upcode or unbundle services for the purpose of obtaining reimbursement that is more than SRHS should receive. Promptly refund any overpayment due to errors or oversights by a carrier, insurance company or individual.

Compliance with the Law

SRHS is honest and fair in our dealings with others. We strive to comply with all federal, state and local laws, in both business and personal matters. Breaking laws can cause negative publicity and erode the public's trust in SRHS.

- Be aware of the laws and regulations applicable to our work and us.
- Comply with all requirements set forth by regulatory agencies.
- Keep your licenses current and participate in all required continuing education.
- Do not make any knowingly false statements to any regulatory or enforcement agencies.
- Cooperate with any reasonable requests in a government audit or investigation.
- Ensure the legality of written contracts by sending them through the appropriate channels for approval.
- Understand that the unlawful manufacture, use, distribution or possession of drugs or other controlled substances in the workplace or on company time is absolutely prohibited.
- Notify your supervisor or manager within 24 hours if you have been arrested in connection with the use, manufacture, distribution, or possession of drugs or alcohol.
- Abide by all local, state and federal laws regarding the possession of firearms, weapons or explosives on the premises.
- Immediately notify Safety and Security if you become aware of anyone on the premises (other than police officers or SRHS Security) who has a weapon in his/her possession.
- Discourage gambling, playing cards, participating in "pools" and other such activities in the workplace.

ACCREDITATION AND SURVEYS

From time to time, government agencies and other entities conduct surveys in our facilities. We respond with openness and accurate information. In preparation for, during and after surveys, SRHS employees must deal with all accrediting and external agency survey bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting or external agency survey bodies that would mislead the accrediting or external agency survey teams, either directly or indirectly.

The scope of matters related to accreditation or external agency survey is extremely significant and broader than the scope of the **Guide of Integrity**. The purpose of the **Guide of Integrity** is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies and external agency survey entities may address issues of both wide and somewhat more focused interest.

In preparation for or during a survey or inspection, SRHS employees, medical staffs and affected parties must never conceal, destroy or alter any documents; lie; or make misleading statements to the agency representative. Never attempt to cause another colleague to fail to provide accurate information or obstruct, mislead or delay the communication of information or records relating to a possible violation of law.

DEFICIT REDUCTION ACT 2005

The Deficit Reduction Act (DRA) of 2005 was signed into law to reduce the growth in Medicare and Medicaid spending and provides new initiatives to enforce the False Claims Act.

The Office of Inspector General (OIG) and the Department of Justice are responsible to ensure that the state False Claims Act (FCA) statutes include qui tam provisions. The Medicaid

Integrity Program includes provisions to review and determine whether fraud, waste or abuse occurred. The OIG has stated that it is a priority for the agency to work with state agencies to review billing data to determine the potential for false billing. The OIG shall continue to devote substantial resources to auditing, evaluating, investigating and prosecuting abuses of the Medicaid program.

DEFINITIONS

Fraud: An intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Abuse: Practices that are inconsistent with sound fiscal, business or medical practices and that result in unnecessary cost to government programs, or in seeking reimbursement for goods or services that are not medically necessary.

FALSE CLAIMS ACT (FCA)

SRHS is committed to complying with all applicable laws and regulations and supports the efforts of federal and state authorities in identifying incidents of fraud and abuse. SRHS has the necessary procedures in place to prevent, detect, report and correct incidents of fraud and abuse. The provisions under the FCA state that it is a violation to:

- Knowingly present or cause to be submitted a false claim to the government.
- Knowingly use a false record or statement to obtain payment on a false claim paid by the government.
- Engage in a conspiracy to defraud the government by the improper submission of a false claim for payment.

Damages and penalties for violating the FCA may include civil penalties of not less than \$5,500 and not more than \$11,000 per

violation, plus three times the amount of damages which the government sustains because of the violation. Employees are required to follow all SRHS policies and procedures, including policies and procedures related to false claims. Employees are protected under SRHS policy and federal law from retribution or retaliation for appropriately reporting suspected false claims.

WHISTLE BLOWER OR QUI TAM PROVISION

A private individual with knowledge of past or present fraud committed against the U.S. government can bring suit on its behalf. This provision allows a private person, known as a “relator” or “whistleblower,” to bring a lawsuit on behalf of the United States, where the private person has information that the named defendant has knowingly submitted or caused the submission of false or fraudulent claims to the United States. The relator need not have been personally harmed by the defendant’s conduct. The information must not be public knowledge.

Under the Whistle Blower or qui tam provision of the False Claims Act, any individual who has knowledge of a false claim may file a civil suit on behalf of the U.S. government and may share a percentage of the recovery realized from a successful action. Qui tam relators are also protected from retribution or retaliation.

To report suspected fraud or abuse contact either:

- SRHS Hotline: 1-877-447-SRHS
- Office of Inspector General Hotline: 1-800-447-8477
- Medicare Customer Service Center: 1-800-633-4227

SRHS makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee is subject to discipline.

INTERACTIONS WITH PHYSICIANS

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facilities. The applicable federal laws include the Anti-kickback Law and the Stark Law. It is important that those employees who interact with physicians—particularly regarding making payments to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community and arranging for physicians to serve in leadership positions in facilities—are aware of the requirements of the laws, regulations and policies that address relationships between facilities and physicians. Any arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures, and with any operational guidance that has been issued. Arrangements must be in writing and approved by the Office of General Counsel. Please remember:

- We do not pay for referrals. We accept patient referrals and admissions based solely on the patient’s medical needs and our ability to render the necessary services. We do not pay or offer to pay anyone—colleagues, physicians, or other persons or entities—for referral of patients.
- We do not accept payments for referrals we make. No SRHS employee or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us. We allow patients a choice when certain healthcare referrals are made outside SRHS.

CLINICAL RESEARCH

Spartanburg Regional Health Services District, Inc. uses policies, procedures and education programs to help its investigators carry out research studies ethically. In addition

to following applicable federal, state and local regulations, investigators follow ethical principles and standards appropriate for their discipline. In designing and conducting clinical trials, investigators follow Good Clinical Practice guidelines defined by the Food and Drug Administration. In designing and conducting all research studies, investigators have as the primary concern protecting the rights and welfare of participants.

Investigators and research staff are qualified by training and experience for their research role, including knowledge of applicable federal, state and local regulations; relevant professional standards; and the organization's policies and



procedures regarding the protection of research participants. Investigators understand the definition of human research and seek guidance when appropriate.

We follow the highest ethical standards in full compliance with federal and state laws and regulations in any research, investigations, and/or clinical trials conducted by our physicians and staff. We do not tolerate research misconduct, which includes activities such as making up or changing results, copying results from other studies without performing

the clinical investigation or research, failing to identify and deal appropriately with investigator or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval. Our priority is to protect the patients and human subjects and respect their rights during research.

Physicians conducting clinical trials of investigational products and services are expected to fully inform all subjects of their rights and responsibilities of participating in the clinical trial. All potential subjects asked to participate in a clinical trial are given a full explanation of alternative services that might prove beneficial to them. They are also fully informed of potential discomforts and are given a full explanation of the risks, expected benefits and alternatives. The subjects are fully informed of the procedures to be followed, especially those that are experimental in nature. If a potential subject refuses to participate in a research study or voluntarily withdraws from an existing study, he or she will still have access to services or other benefits to which he or she is otherwise entitled. A subject's voluntary informed consent to participate in a clinical trial is documented and retained pursuant to SRHS policies.

Providing Public Information

Spartanburg Regional Health Services District, Inc. is committed to honest and accurate advertisements. Respect patients, employees and SRHS confidentiality by referring sensitive inquiries to the appropriate departments. Because the unapproved release of sensitive information could have a negative effect on our customers, as well as our reputation and interests, follow these guidelines:

- Do not release information to the media without proper approval. All inquiries from the media are directed to Marketing and Public Relations. Realize that this course of action is for your protection as well as that of SRHS. It is our Regional Responsibility.

- Do not make any misleading or untruthful claims about SRHS services. All price advertising accurately reflects our charges for services.
- Release medical records with proper authorization.
- Direct calls from attorneys that ask for patient information to Risk Management.
- Send calls asking for information regarding the employment of current or prior employees to Human Resources.
- Forward any written release for billing information to the Business Office.
- Direct individuals with subpoenas and arrest warrants to be served to a patient or employee to the Office of General Counsel.
- Immediately contact the Office of General Counsel when you receive a nonroutine inquiry from a government agent or agency.
- Contact your supervisors anytime you receive a nonroutine inquiry from another healthcare entity.

Protecting the Assets of SRHS

Protect the SRHS assets entrusted to us against loss, theft, misuse or damage. Assets include people, physical property, ideas and proprietary information relating to SRHS business interests.

- Use supplies, equipment and property purchased and owned by SRHS for business purposes or for other use with appropriate permission.
- Employees are not permitted to use personal communication devices to record meetings or communications.
- Dispose of surplus, obsolete or damaged property after getting proper approval from management.
- Take reasonable and necessary measures to protect SRHS computer systems and networks from unauthorized use, improper access and theft through your knowledge and

understanding of the SRHS Information Technology policies and procedures.

- Do not share your user name or computer password(s).
- Use only Information Services-approved software. Do not copy software without permission from the software owner. Do not copy or otherwise violate the ownership rights of others' copyrights, trademarks or patents.
- Take the initiative to report any suspicious or inappropriate actions or behavior to the appropriate person. The anonymous hotline is available should you feel uncomfortable going through the chain of command.
- Do not share proprietary information, such as pricing or marketing information, with anyone outside of SRHS without proper authorization.
- Strive to protect the equipment of SRHS from loss or abuse and to keep the equipment clean and in good repair at all times.
- Actively seek training on equipment before you use it.

ELECTRONIC COMMUNICATIONS

Electronic communication systems are made available to employees and associated persons for the efficient completion of work-related assignments and remain SRHS property. Therefore, such electronic communications are to be used primarily to conduct SRHS business. Although users may be assigned individual passwords, all email messages, voice mail messages, Internet access, computer files or other electronic communications are SRHS records. The content of all electronic communications properly obtained for legitimate business purposes may be disclosed without permission of the employee. Therefore, users have no reasonable expectation of privacy with respect to communications transmitted by SRHS-owned electronic

communications systems, and all such messages remain SRHS property. Electronic communications are accessible at all times by SRHS and may be monitored at any time for any business purpose.

Safety, Security and Environmental Issues

Be aware of all safety, security and environmental issues that affect SRHS employees, patients, visitors and facilities. In addition, strive to be involved in activities related to creating and maintaining a safe, secure and environmentally conscious workplace. It is our Regional Responsibility.

- Wear your identification badge and make certain it is clearly visible at all times.
- Comply with applicable safety, security, environmental and infection control laws, regulations, policies and procedures.
- Follow proper procedures for the storage, use, disposal and transportation of hazardous materials.
- Refrain from smoking or using tobacco products (cigarettes, cigars, chewing tobacco, etc.) while inside an SRHS facility or vehicle or while on the premises.
- Maintain a high level of safety awareness and knowledge through completion of mandatory annual computer-based education, competencies, and through participation in continuing educational activities.
- Do not ignore any SRHS safety, security or environmental measures or activities.
- Report any suspected safety, security or environmental hazard to the Safety and Security department immediately. If you are an outlying SRHS site, call 911.
- Report all incidents/accidents involving people, products, property and care to the appropriate department to increase quality and fulfill reporting requirements.

SRHS HOTLINE

Toll free 1-877-298-SRHS (7747)

ADMINISTRATION

Spartanburg Medical Center 864-560-6107
Restorative Care 864-560-3254
Pelham Medical Center 864-849-9000

CORPORATE INTEGRITY

Healthcare System 864-560-6321
Privacy Officer 864-560-2111

HUMAN RESOURCES

Spartanburg Medical Center 864-560-6387
Restorative Care 864-560-3078

SAFETY AND SECURITY

Spartanburg Medical Center 864-560-6333
Emergency 911
Restorative Care 864-809-1905
Pelham Medical Center 864-849-9000

To report **FRAUD, WASTE** or **ABUSE**, go to
SRHSIntegrityHotline.alertline.com.

Adoption date: 1999
Review Dates: 2000
Revision Dates: 2001
2002
2003
2006
Jul 2007
Feb 2009
Feb 2012
Sep 2012
Aug 2014



Spartanburg Regional Health Services District, Inc.

101 East Wood Street, Spartanburg, SC 29303 • 864-560-6321
SpartanburgRegional.com