CORPORATE OVERVIEW

Our mission:
With compassion, we heal, teach, and discover.

Our vision:
We will be the healthcare system of choice by demonstrating excellence in everything we do.

Our values:
Safety, trust, respect, world-class, enjoyment, and my Memorial
Memorial Health University Medical Center (MUMC) is a nonprofit, 654-bed tertiary care hospital in Savannah, Georgia. We opened our doors in 1955 and have evolved into the most advanced healthcare provider in the region. We are a regional referral center for cardiac care, cancer care, trauma, pediatrics, high-risk obstetrics, and neonatology. Our hospital includes the region’s only Level 1 trauma center, the region’s only children’s hospital, and the Savannah campus of Mercer University School of Medicine. MUMC is part of the award-winning Memorial Health system, a two-state healthcare organization serving a 35-county area in southeast Georgia and southern South Carolina. In addition to the hospital, our system includes physician networks, business and industry services, and NurseOne, our 24-hour call center. We also offer a major medical education program that provides physician residency training in diagnostic radiology, family medicine, internal medicine, obstetrics and gynecology, pediatrics, and surgery.

Memorial Health has earned prestigious local, regional, and national accolades. We pride ourselves on being forward-thinking and proactive in healthcare public policy and patient safety. At Memorial Health, we are not content with business as usual. Our goal is to create a new standard for excellence in healthcare that will not only serve our current patients, but also change the future of medicine.

Memorial Health has a rich heritage, which is reflected in our Mission and Values Statement and in the Code of Business Practice. This Code of Business Practice reflects our tradition of caring and serves as a guide for our actions. We strive to deliver healthcare with compassion and absolute integrity. At Memorial Health, we strive for excellence in all that we do. Along with our vision and values, this code forms the basis for our daily interaction with our patients, clients, and colleagues. It helps us to:

- Support Patient and Family Centered Care.
- Encourage cooperative relationships by building upon mutual trust and respect.
- Maintain personal and professional integrity in all situations.
- Grow through innovation, collaboration, and partnership with those who share our values.
- Make business decisions that serve our mission.

A Code of Business Practice cannot substitute for each person’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 specific course of action that doesn’t feel quite right, please take the time to consult with any of the resources mentioned in the back of this booklet.

Sincerely,

Alysia Shirley

Alysia Shirley
Director, Compliance and Audit Services
C O N T E N T S

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MEETING OUR PUBLIC TRUST

As providers of essential products and services to the public, all Team Members of Memorial Health, Inc. and its affiliates (hereinafter “Memorial Health”) are expected to maintain the highest standards of ethical behavior, honesty, integrity, fairness, and respect for others. We must also comply with all the laws and regulatory requirements in our rapidly changing industry. The Memorial Health Code of Business Practice serves as a guide for upholding our corporate values. Our principles of business conduct are described here, but the code does not cover every situation, nor does it set forth every applicable rule. We are also guided by organizational and divisional policies, practices, and procedures, as well as common-sense standards and our personal commitment to ethical behavior. An underlying theme of the code is the prompt reporting of questions and concerns. Therefore, as questions related to compliance or business conduct arise, they should be discussed with your Team Leader, and all Team Members have the option to refer questions or concerns to Compliance and Audit Services at 912-350-8681 or the Ethics Line at 1-800-555-8497. Communications with Compliance and Audit Services will be handled in strict confidence.

As a Memorial Health Team Member, there is an obligation to comply with the Code of Business Practice and its underlying policies. Violations, even in the first instance, may result in disciplinary action or termination. In addition, improper or illegal behavior is not acceptable. It is the responsibility of every Memorial Health Team Leader to ensure that Team Members understand and comply with the Code of Business Practice. Each Team Leader has the additional responsibility to lead by example—observing the spirit as well as the letter of the code and fostering a work environment that encourages ethical behavior.

USING THE CODE OF BUSINESS PRACTICE

Note: Throughout the Code of Business Practice, the terms “system,” “company,” and “corporation” refer interchangeably to Memorial Health or any business unit in the Memorial Health family.

This booklet outlines some of Memorial Health’s basic rules of business behavior. It is not possible to list every scenario that you may face in day-to-day business, so please seek guidance if you have any questions. Our policy is to understand and obey all local, state, and federal laws that apply to the areas in which Memorial Health and its affiliates conduct business. Ignorance of the law does not excuse either Memorial Health or its Team Members from an obligation for full compliance.

Integrity is essential to the performance of our duties and responsibilities. Wherever Memorial Health does business, honesty and careful observation of laws and policies are essential to our success. It is important to note that the Code of Business Practice is intended to exceed the minimum standard of the law. This booklet is not a contract and creates no contractual relationship between Memorial Health and its Team Members.
I. PATIENT CARE

Memorial Health is committed to providing honest, transparent and accurate information about the quality of care we provide to our patients so that they can make informed healthcare decisions. We strive to ensure that everything we do advances our commitment to deliver the highest quality of care to our patients. Every effort is made to give each patient the best possible care to reach optimal recovery.

PATIENT RIGHTS AND PATIENT CHOICES

Memorial Health makes no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based upon age, race, color, or disability. We recognize and respect the diverse backgrounds and cultures of our patients and make every effort to equip our Team Members with knowledge and resources to provide quality care to each patient.

Q. Does Memorial Health allow patients to be involved in their own care?
Yes. Each patient or his/her representative is provided with a clear explanation of care including, but not limited to, diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, and organ donation and procurement, as well as an explanation of the risks, benefits, and alternatives associated with available treatment options.

Q. Do you have a practice or procedure by which patients and/or their family members can voice a concern or lodge a complaint?
Yes. Memorial Health maintains a process by which patient grievances are resolved promptly. Patients and/or their family member(s) with a concern, complaint, or grievance regarding care and/or treatment may contact Patient and Family Centered Care at 912-350-8581.

Q. What considerations are made for admitting, transferring, and discharging patients?
Admission, transfer, and discharge policies are not based on the patient’s ability to pay. Patients whose specific condition or disease cannot be safely treated are diverted or transferred to an accepting organization in accordance with Memorial Health policies. Admission, transfer, and discharge are conducted in an ethical manner and in accordance with applicable local, state, and federal regulations.

Q. What is the process for addressing ethical concerns related to patient rights and responsibilities?
Memorial Health has many mechanisms by which ethical issues can be brought forward and addressed by the appropriate interdisciplinary ethics team. Any member of the medical staff, Team Member, corporate partner, patient, patient family member, or other concerned party can bring forward an ethical concern for review. In addition to the anonymous Ethics Line, concerned parties may report a concern through Memorial Health’s Internet/intranet sites. The Corporate Ethics Office can be contacted directly at (912) 350-8681.

Q. How are billing errors handled?
Billing practices are based on Memorial Health policies that ensure patients are billed only for the services and care provided to them. It is our policy to advise patients, customers, and suppliers of any clerical or accounting errors, as they become known, and to effect prompt correction of errors through credits, refunds, or other mutually acceptable means. Processes to handle billing conflicts are specific to each Memorial entity.
Q. I know research is conducted at Memorial Health. Are there special rules related to this?

As a teaching and medical research facility, Memorial Health is bound by regulations of the U.S. Department of Health and Human Services, the Office for Human Research Protections, and the U.S. Food and Drug Administration, all of which govern the conduct of research. Team Members who are part of the medical staff, pharmacy, administration, and any department receiving funds to conduct research must be vigilant in honoring these regulations. Patients will be fully informed of the risks, benefits, and procedures to be followed during their participation in the study. Additionally, all patients participating in a research study will be given a full explanation of alternative services that might be beneficial to them. The Institutional Review Board (IRB) at Memorial Health is charged with the oversight of human subject protection for all research conducted in the system. Corporate Ethics and the IRB will jointly oversee any inquiry or investigation.

**EMERGENCY TREATMENT**

The Emergency Medical Treatment and Labor Act (EMTALA) was passed by Congress in 1986 to ensure access to emergency services regardless of the patient’s ability to pay. All Medicare participating hospitals with emergency rooms must provide all patients requesting emergency care with an appropriate medical screening exam to determine if the person has an emergency medical condition. Patients with emergency medical conditions should only be transferred to another facility at the patient’s request, or if we do not have the capacity or capability to meet the patient’s needs.

Q. Is it OK to ask for the patient’s insurance information?

Hospitals should not ask a patient for his or her insurance information until after providing a medical screening examination and stabilizing care. Patients seeking treatment for an emergency medical condition must be treated regardless of their ability to pay or lack of insurance.

Q. Is Memorial required to accept transfers from other hospitals?

A hospital with the capability and capacity to treat the patient must accept the emergency transfer of a patient from a facility requesting the transfer because it either lacks the capability and/or capacity to treat the patient. This obligation does not apply to inpatients.

Q. What should I do if I think another facility or Memorial has violated EMTALA?

Concerns of potential EMTALA violations should be reported to Compliance and Audit Services, or the Chief Medical Officer. EMTALA actually requires a receiving institution that believes a patient has been transferred in violation of EMTALA to report that violation to the Center for Medicare and Medical Services (CMS).

Q. I’m not a clinical Team Member. Why do I need to know about EMTALA?

Every Team Member has the potential to encounter a patient needing emergency medical care. We must make sure that patients seeking emergency medical treatment are not turned away. For example, statements about how busy our emergency department is, or discussions of payment, can be viewed as turning patients away in violation of the law and Memorial’s charitable purpose.

**CHARITY CARE AND DISCOUNTS**

Financial assistance is available to patients who have a demonstrated need. Assistance is given in the form of discounts or charity care based upon an individual’s financial need and in keeping with the hospital’s not-for-profit mission.
II. PRIVACY AND CONFIDENTIALITY

HIPAA
At Memorial Health, we are committed to safeguarding the privacy of our patients and Team Members. To such end, the protection of private and confidential information is an institutional priority. All uses and disclosures of Protected Health Information, otherwise known as PHI, must be made with respect and sensitivity for our patients and the law. The most sensitive aspects of a patient’s life may be documented in the medical record and, understandably, this makes privacy and confidentiality a priority for our patients. Therefore, it is critical that all workforce members understand their role in maintaining the confidentiality of PHI and compliance with privacy laws.

Under the Health Insurance Portability and Accountability Act, commonly referred to as HIPAA, we are required by law to maintain the privacy of our patients’ health information and to provide a Notice of Privacy Practices which outlines our legal duties and patient rights related to their health information.

Q. What is considered Protected Health Information?
PHI is any identifying information that can be attributed to an individual including, but not limited to:
- Diagnosis and treatment
- Demographics
- Social Security number
- Date of birth
- Religious affiliation
- Family history, relationships and genetics
- Appointment schedule(s), admission/discharge dates and/or dates of surgery
- Financial status, payment method and insurance.

Q. How is a patient’s personal information to be handled? What are the guidelines for protecting our patients and colleagues?
We have been entrusted with protecting the privacy of our patients—a task that grows more difficult with the evolution of technology. Nevertheless, each of us must safeguard patient privacy when using all forms of communication—voice, data, or image transmissions.

Q. When and for what purposes should PHI be used or disclosed?
Privacy law requires PHI only be used and/or disclosed for purposes of treatment, payment or healthcare operations, unless a valid authorization is obtained from the patient, or as the law otherwise provides. Disclosures of PHI must be limited to the minimum necessary standard to accomplish the purpose.
Q. What are some examples of uses and disclosures of PHI that would not be permitted?
- Accessing a co-worker’s medical record to determine his/her diagnosis;
- Using the medical record or any other information system to find a friend’s contact information such as home address or telephone number; and
- Discussing PHI about a patient to media outlets or anyone else without the patient’s authorization. Only Memorial Health’s Corporate Communications team can respond to inquiries from the media regarding a patient or any inquiry relating to the institution.

Q. As a Team Member, can I access can my own PHI?
No. You are not authorized to access your own PHI directly. Access to your medical records should be requested through the Release of Information department.

Q. What is the minimum necessary standard?
The minimum necessary standard means determining what or who “needs to know.” In other words, for each use or disclosure made (with the exception of uses or disclosures made for treatment purposes), you must determine the smallest amount of PHI required to accomplish that purpose.
Example: Your friend asks you to look at the medical record of a mutual friend. Under HIPAA, you are only allowed to access and use information required to do your job. If you are not part of the patient care team, there is no “need to know” that information. It would be inappropriate to access the patient record or ask someone to access it on your behalf – even though you may know the person and just want to be helpful.

Q. What assurances are patients given that their personal information will be kept private and confidential?
Each patient is given a copy of Memorial Health’s Patient Information Guide upon admission. The Notice of Privacy Practices is found within the guide. The Memorial Health University Physicians’ Notice of Privacy Practices is available in physician offices. Both are located on Memorial’s website.

Q. What happens if a patient’s PHI is breached?
Memorial Health is required by federal law to notify any individual whose PHI may have been breached. Notice to the individual must be given within 60 days from the date the breach was discovered. Therefore, it is critical that any known or suspected breach be reported to the Compliance and Audit Services Department immediately.

Q. Can a Team Member be held personally responsible for a breach of PHI?
Yes. Individuals can face disciplinary action, fines, and possible imprisonment for knowingly obtaining and disclosing PHI.

Q. Does Memorial Health have policies and procedures that pertain to PHI and breach issues?
Yes. These are located on the intranet under Organizational Policies & Procedures and the Compliance and Audit Services intranet page.
SOCIAL MEDIA
What is social networking?
Social networking is defined as blogging or generating other forms of social media or technology including, but not limited to, video sharing, podcasts, posts, updates or discussion threads on sites such as Facebook, LinkedIn, Instagram and Twitter, chat rooms, personal blogs or other forms of online journals, diaries or personal newsletters, or online collaborative information and publishing systems that are accessible to internal and external audiences.

Q. What is Memorial’s policy regarding a Team Member’s personal social media rights and social media related to patients?
While Memorial respects the right of Team Members to use blogs and social networking sites as a medium of self-expression and public conversation and does not discriminate against Team Members who use these media for personal interests and affiliations, Team Members cannot use employer-owned equipment including computers, cell phones, iPads, tablets, company-licensed software or other electronic equipment, facilities or company time to conduct personal blogging or social networking activities unless specifically authorized by management to do so for business-related purposes.

Q. Am I allowed to take photos or videos of a patient or patient-related activities with my camera, cell phone or any other electronic device?
No. The only exception would be for Team Members who are knowingly authorized to record patient photos or videos for treatment or educational purposes.

Q. Am I ever allowed to blog about a patient on social media sites?
No. Blogging about a patient is considered a breach of PHI and would be a violation of HIPAA.

Q. What is the penalty for violating Memorial’s social networking policy?
If, after a thorough investigation of a violation by the Human Resources and Compliance and Audit Services departments, it is determined a Team Member has violated the social networking policy, disciplinary action up to and including immediate termination of employment may occur. Discipline or termination will be determined by the nature and factors of the social networking post(s). Other factors such as a Team Member’s employment history may also be considered. Memorial reserves the right to take legal action where necessary against any Team Member who is found to be in violation of this policy.

If you have a privacy or social networking concern or question, contact the Compliance and Audit Services Department at 912-350-8681 or the Ethics Line at 1-800-555-8497.
III. BUSINESS CONDUCT

Memorial Health is a not-for-profit tax-exempt organization under the Internal Revenue Code. Not-for-profit status makes Memorial Health eligible to receive tax-deductible contributions. No private individual may benefit financially from organizational earnings. Memorial Health assets and resources are utilized for the fulfillment of our not-for-profit mission.

POLITICAL CONTRIBUTIONS AND ACTIVITIES

As a not-for-profit organization, Memorial Health is restricted in the amount of political lobbying activities it can conduct. Memorial is not permitted to influence legislation that is not directly related to our mission. Additionally, Memorial Health may not endorse any candidate for public office or solicit funds in support of any political issues or causes.

As individuals, Team Members may, on their own time, exercise the right to participate by supporting a political candidate or cause outside of the workplace. Team Members may not use company time or assets to perform political activities. Additionally, Team Members may not use Memorial Health’s name or logo or other organizational materials to support political candidates or causes.

ANTITRUST LAWS

Memorial Health does not engage in activities or negotiate agreements that impede competition or illegally share proprietary information with competitors. Memorial Health competes fairly and complies with antitrust laws.

Antitrust violations can subject Memorial Health to severe civil monetary fines, damages, etc. Antitrust violations may also subject individuals to imprisonment, personal liability, and monetary fines. We are required to comply with the law and to avoid activities which pose risks of injury to our reputation, litigation, or investigation by governmental agencies.

We do not communicate directly or indirectly with competitors, without advice from legal counsel, regarding any of the following information:

- Prices charged for goods and services, including physician services;
- Costs of goods, supplies, equipment, or services, including physician services;
- Employee salaries, wages or benefits, compensation policies, staffing policies or terms of collective bargaining, employment contracts or severance agreements;
- Managed care contracts;
- Terms of equipment, supply, or service contracts;
- Allocation of customers, services, or territories among competitors;
- Exclusion of existing or potential competitor or supplier from the market; and
- Joint bidding or joint venture arrangements.
CONFLICT OF INTEREST

A conflict of interest occurs when your personal activities or interests are advanced at the expense of Memorial Health. These interests may be financial or personal and may conflict with professional responsibilities. The health and safety of our patients depends upon the ability to make unbiased decisions.

All Team Members are required to avoid conflicts of interest that can influence judgment or the ability to act in the best interest of Memorial Health. We must not use any information acquired through our position at Memorial Health for personal gain. Board members, Team Leaders, and employed physicians are required to provide an annual summary of potential conflicts of interests. Conflicts of interest may occur if outside activities, financial interests, or other interest interfere with an individual’s ability to make objective decisions in the course of his/her job responsibilities. A conflict may also arise when a Team Member’s family receives special or improper benefits as a result of his or her position.

Q. Are Memorial Team Members allowed to accept gifts?
At Memorial, we maintain ethical standards regarding the acceptance and offering of gifts. Accepting a personal gift may influence a Team Member’s decision-making and may constitute a conflict of interest. We do not accept or solicit personal gifts of cash, cash equivalents, gift cards, or merchandise from patients or their family members.

Q. What should I do if a patient, client, patient family member, or vendor gives me a gift?
Whenever a Team Member is acting on behalf of the corporation, the acceptance of gratuities—in any form—is not permitted. If a patient, client, vendor, or patient’s family member brings in something of nominal value for the whole department, you may accept this on behalf of the department and share accordingly.

Q. Can I conduct Memorial Health business with a company owned by a family member?
All of our work-related decisions must be based on sound management practices and not influenced by our personal relationships.

Q. Can two family members work in the same department?
We are expected to ensure that those with whom we have a close relationship are reasonably separated from our scope of supervision and from our influence in the areas of job assignment, appraisals, promotion, and compensation decisions.

Q. Can I get a part-time job even though I’m a Memorial Health Team Member?
Any outside activity, such as a second job or self-employment, must be kept totally separate from employment with Memorial Health. We must avoid any activity or financial interest that could adversely affect the objectivity of our judgment, interfere with the timely and effective performance of our duties and responsibilities, or that could discredit, embarrass, or conflict with Memorial Health’s best interests. We should not use our position, training, or experience with Memorial Health to promote off-the-job activities. If we have an affiliation or interest in an organization or governmental body, we should disqualify ourselves from making any decision on behalf of that organization or governmental body that specifically involves Memorial Health.
Q. What should I do if a vendor asks me to attend a social function, like dinner or golfing? All Team Members engaged in external relationships on behalf of Memorial Health are required to observe the following general guidelines and to know and abide by any additional Memorial Health departmental rules concerning relationships with customers and suppliers:

- Team Members may offer or accept entertainment, but only if the entertainment is reasonable, occurs infrequently, and does not involve lavish expenditures. The entertainment of customers and suppliers at cultural and sporting events that are sponsored by Memorial Health is acceptable within this policy.
- Accepting or providing an occasional meal or refreshment in the nominal course of business is permitted if circumstances dictate that a business meal is necessary.
- Team Members may give or accept gifts of nominal value. An item has “nominal” value when it is promotional in nature, imprinted with corporate advertising, and typically distributed widely as a promotional item to others.

Q. Is it ever appropriate to accept vendor-sponsored travel? There are times that it may be considered appropriate to accept travel expenses from a vendor. Any vendor-funded travel must be documented in writing and approved by your supervisor in advance. Approved vendor-funded travel is allowed when the travel is a condition of a contractual relationship, provides education directly related to the vendor’s product, or is required to examine a product. Approved vendor-funded travel to a vendor-sponsored educational event may also be allowed for educational purposes of staff or management if it addresses a specific and pertinent educational need directly related to the Team Member’s area of responsibility for Memorial Health, and the invitation is not limited to Memorial Health or its affiliates. If you have any questions about whether a specific event meets these criteria, you are encouraged to contact Compliance and Audit Services.

Q. Are government contracts and vendor relationships handled differently than non-government ones? The laws and regulations that apply to relationships with government officials may differ from those that apply to relationships with non-government customers and suppliers. Team Members who are responsible for establishing and maintaining relationships with government officials and employees are responsible for knowing and complying with the laws and regulations that apply to those activities.

Q. How can I be sure to avoid a conflict of interest? Potential conflicts of interest in contractual relations are inherent in the conduct of business. Disclosure is the best way to avoid a potential conflict. Contact Compliance and Audit Services to discuss any potential conflict of interest.

EXCLUDED PARTIES
The federal government, through the Office of Inspector General (OIG) of the Department of Health and Human Services, has the authority to exclude individuals and entities who have engaged in fraud or abuse from participation in Medicare, Medicaid, and certain other federal healthcare programs. In addition, under federal procurement rules, the federal government’s General Services Administration (GSA) has the authority to debar, suspend, exclude, disqualify, or otherwise declare ineligible individuals or entities from receiving federal contracts, certain subcontracts, and certain federal assistance and benefits. Entities who employ or contract with ineligible persons may incur civil monetary penalties or may themselves be excluded from participation in federal and state programs. Memorial Health has
policies and procedures to perform required reviews to identify individuals or entities that are ineligible to participate in government healthcare programs. Memorial Health will not employ or contract with any person or entity it knows is ineligible.

Q. How does Memorial Health identify whether a person or company is ineligible?
Reviews are conducted as part of the hiring and credentialing processes. Additionally, Memorial Health regularly monitors the exclusions lists of the OIG and the GSA to determine whether Team Members, contractors, members of the medical staff, and others have become ineligible since the time of initial hire, credentialing, or contracting.

Q. What happens if Memorial Health determines that an individual or entity is ineligible?
Memorial Health will not hire or contract with individuals or companies that it knows are ineligible to participate in federal health care programs or government contracting.

If Memorial Health determines that an employed or contracted individual has become an ineligible person, Memorial Health will remove the individual from responsibility for, or involvement in, the business operations related to any federally funded healthcare programs or provision of items or services, directly or indirectly, to federally funded healthcare program beneficiaries and shall remove such person from any position for which the ineligible person’s compensation, or the items or services furnished, ordered, or prescribed by the ineligible person, are paid in whole or part, directly or indirectly, by federally funded healthcare programs or otherwise with federal funds.

CONFIDENTIAL BUSINESS INFORMATION
Confidential information about Memorial Health’s strategy and operations is a valuable asset. Confidential business information must not be shared with others outside the organization or internally with Team Members who do not need to know the information to perform their jobs. Confidential business information includes everything related to business or operations that is not publicly known, such as financial information, strategic planning, employee lists, computer and system login IDs, passwords, emails, etc.

Q. How do I, as a Team Member, make sure that I am not giving out confidential business information?
When providing information about Memorial Health, either internally or externally:

- Make sure you have the right to copy and distribute copyright material before doing so;
- Consult relevant policies or contact Corporate Communications before you use any of the Memorial logos on printed materials;
- Consult with your Team Leader before you share any of our policies and procedures outside the organization; and
- Make sure you have authorization to download any software onto your workstation before doing so.

When you are in the hospital, use common sense to help prevent disclosure of confidential information; Do not discuss business information in common areas such as waiting rooms, elevators, hallways, etc. as you can be overheard in such public places.
Finally, do not discuss confidential business information with family or friends. You could be held responsible for the disclosure of such information by a family member or friend. If you are in doubt about what you can and cannot discuss, please consult with Compliance and Audit Services for assistance.

Q. Am I responsible for maintaining the confidentiality of this information even after I leave Memorial Health?
Yes. You are bound to maintain the confidentiality of information viewed, received or used during the course of your employment or relationship with Memorial Health. Any and all electronic and paper files of a confidential nature must be returned at the end of your employment or relationship. Management has the right to review your emails and to terminate your email account.

ACCOUNTABILITY FOR COMPANY PROPERTY
Every Team Member is responsible for the protection of Memorial Health property. The term “company property” refers to a broad range of assets, including all property that the corporation owns, as well as all property that is in the corporation’s possession either by lease or loan. There are several categories of company property and general rules to follow to ensure the protection and appropriate use of the company’s property.

The use of organizational resources for community or charitable use must be approved in advance by a Team Leader. Use of organizational resources for personal gain is strictly prohibited. Please use precautionary measures to ensure against theft, damage, or misuse of company property. For example, we should lock unattended company buildings, storage areas, and company vehicles when not in use. We may not duplicate, possess, or use keys for any company property without proper authorization. We may not alter or service equipment or facilities without specific authorization.

Q. Am I personally responsible for company property that I use at work or outside of work?
We may not take, give away, sell, receive, intentionally damage, destroy, or otherwise dispose of any type of company property, regardless of condition or value, unless specifically authorized. In addition, we may not use company property for non-corporate purposes unless specifically authorized.

Q. Is there a standard procedure for recording company transactions and filing other paperwork?
Company reports include time sheets, vouchers, bills, payroll and service records, measurement and performance records, and other essential data, whether computerized or on paper. All Team Members must follow corporate procedures for carrying out and reporting business transactions, obtaining appropriate authorizations, and complying with internal accounting controls. No one may destroy, alter, or make false entries in any corporate accounts, records, or memoranda.

Q. How can I safeguard my department from being overcharged by a vendor?
Anyone approving or certifying the correctness of any voucher or bill should know if the expense and amounts involved are appropriate. If you have questions, do not sign any documentation agreeing to a purchase or delivery without proper authorization from your Team Leader.
IV. YOUR RIGHTS AND RESPONSIBILITIES

Q. What is expected of me as a Memorial Health Team Member?
Team Members are expected to be on the job when scheduled and to be cooperative and helpful toward all people—patients, customers, and colleagues—at all times. We are expected to conform to Memorial Health policies and to cooperate when the organization is investigating work-related matters. We have an obligation to report any activities we observe to be unethical, noncompliant, or illegal.

Q. Who has access to my business email?
The email account provided to you is the property of Memorial Health. Memorial Health can monitor Team Members’ voice mail, email, other electronic documents, and activities in the workplace for reasons including, but not limited to, system maintenance, quality control, or enforcement of the Code of Business Practice and other Memorial Health policies.

Q. Are Team Members required to maintain licensing or certification?
All Team Members must obtain and maintain required licenses and other credentials needed for their area of service. Memorial Health does not allow Team Members to work without current licensing or credentialing. In order for Memorial Health to grant privileges, licenses, or other credentials, applicants must provide accurate and complete information. Licenses or credentials that are suspended must be reported immediately to the appropriate Team Leader, department head or Medical Staff Services.

COMPLIANCE CONCERNS
It is every Team Member’s responsibility to report a violation or a potential violation. Remaining silent and failing to report a violation or potential violation may subject a workforce member to disciplinary action. Memorial Health has established the Ethics Line for Team Members and members of the community to report suspected violations or inappropriate conduct. The Ethics Line can be reached by calling 1-800-555-8497 or 912-350-8681. All reports and discussions are kept confidential and may be made anonymously.
NON-RETLIATION
It is understandable that Team Members and patients may be anxious about reporting any suspected violations out of fear of retaliation. Memorial Health has established policies and procedures to encourage Team Members to report any suspected misconduct.

Q. Can I be fired or demoted for reporting a suspected violation?
No employee or other person who, in good faith, reports suspected misconduct involving the Code of Business Practice, Memorial policies, or state and federal laws, rules, and regulations, shall be retaliated against or suffer adverse employment consequences for having raised a good faith question or concern. An allegation is made in good faith if an individual believes in the truth of the allegation based on facts. An allegation is not made in good faith, if made with reckless disregard or willful ignorance of facts that would disprove the allegation. Retaliation is an adverse action taken in response to a complainant’s good faith allegation of misconduct. Retaliation does not include investigation into the complainant’s participation in the identified misconduct, or disciplinary action taken against a Team Member as a result of the Team Member’s own violation(s) of laws, rules, policies, or procedures, or negative comments that are justified by a Team Member’s poor work performance or history.

GOVERNMENTAL INVESTIGATIONS
Memorial Health cooperates with governmental investigations. The Compliance and Audit Services Department or other oversight department as appropriate will assist Team Members with taking appropriate steps to cooperate with such investigations. Team Members must notify the Clinical Compliance Officer or designee immediately upon receiving notification of an investigation or being approached by a person who has identified himself as a government investigator.

ADDITIONAL RESOURCES
Memorial has a Team Member Handbook and a Code of Conduct that more fully explain and outline your rights and responsibilities as Team Members.
V. PHYSICIAN FINANCIAL ARRANGEMENTS

ANTI-KICKBACK LAWS
The Federal Anti-Kickback Law prohibits individuals and organizations like Memorial Health from knowingly or willfully offering or paying any form of compensation or remuneration in return for the referral of any patient or business that is covered by Medicare, Medicaid or any other federal or state healthcare program. Compensation or remuneration includes any kickbacks, bribes, or rebates. If the purpose or reason for a financial transaction or arrangement is to induce that individual or organization to refer patients or business or to recommend the services of the individual or organization, then such transaction or arrangement constitutes a violation of the anti-kickback law.

PHYSICIAN SELF-REFERRAL LAW
The Stark Law, also known as the Physician Self-Referral Law, prohibits referrals for certain Medicare items and services furnished by an organization with which the referring physician, or his/her immediate family member, has a financial relationship, unless a specific legal exception applies.

FALSE CLAIMS ACT
Q. What is the False Claims Act?
The False Claims Act (FCA) exists to fight fraud or false claims, against the federal government. A false claim may take many forms, such as overcharging for a product or service, failing to perform a service, double-billing for items or services, or failing to report overpayments or credit balances. There are both federal and state laws that address false claims. The Federal False Claims Act is a federal law that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid programs. Georgia has both the Georgia False Medicaid Claims Act and the Georgia Taxpayer Protection False Claims Act, which expands Georgia’s False Claims Act beyond Medicaid. These state laws cover fraud involving claims submitted for payment or approval by the State of Georgia, or Georgia local governments.

Q. How do I know if something is a False Claims Act violation?
If you suspect a violation of the Federal or State False Claims Act, you should report your concern immediately to Compliance and Audit Services. The Compliance and Audit Service Department will
investigate the concern to determine if there has been a violation and, if so, will report the violation to external authorities, in accordance with the law.

Q. Are there special regulatory requirements for Memorial Health as a provider to Medicare and Medicaid patients?
Yes. Memorial Health will comply with all laws pertaining to Medicare, Medicaid, and other federally funded programs. These laws prohibit any form of payment in exchange for the referral of Medicare or Medicaid patients. They also prohibit influencing the purchase of goods or services to be paid for by Medicare or Medicaid in exchange for compensation, as well as making false claims for Medicare or Medicaid in exchange for compensation or reimbursement.

Q. What can I do to help ensure Memorial Health follows the FCA?
Team Members can help Memorial Health comply with the FCA by ensuring that they do not knowingly present or cause to be presented improper or duplicate charges for healthcare services, supplies, or equipment that are then submitted as claims for payment. Examples of false claims include, but are not limited to:

- Billing for services not rendered or goods not provided;
- Overcharging for a product or service – e.g., selecting a procedure code that is more complex than the actual procedure performed (i.e., “upcoding”);
- Billing separately for services that should be billed as a single service – i.e., selecting several codes to bill each service separately when those services should be billed under one procedure code designated for the entire group of services (i.e., “unbundling”);
- Including inappropriate, unallowable, or inaccurate costs on cost reports;
- Forging a healthcare professional’s signature on orders for services, medication, or changes in patient status;
- Falsely indicating that a particular healthcare professional performed a procedure. (e.g., using another professional’s computer access code to report patient information when that professional never saw the patient);
- Billing for a length of stay beyond what is medically necessary;
- Billing for services that are not medically necessary;
- Double-billing for items or services;
- Billing excessive charges;
- Failing to report overpayments or credit balances; and
- Unlawfully giving healthcare providers, such as physicians, inducements in exchange for referrals for service.

For further information, please review Memorial’s policy regarding the False Claims Act.
VI. WORK ENVIRONMENT

DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY
We have a duty to ensure that there is no unlawful discrimination in recruitment, hiring, termination, promotions, salary treatment, or any other condition of employment or career development, and that there is no harassment of any Team Member on the basis of race, color, religion, national origin, sex, age, marital status, sexual preference or orientation, disability, or status as a disabled veteran. In addition, Memorial Health will not sponsor any corporate events that require the use of facilities, such as social or sports clubs that have restrictive or exclusionary membership policies based on race, color, religion, national origin, sex, age, marital status, sexual preference or orientation, disability, or veteran status.

Q. Does Memorial Health guarantee fairness in hiring and promoting?
Yes. Memorial Health is fully committed to equal employment opportunities for all Team Members and applicants. Memorial Health promotes diversity in the workplace at all levels. We promote an inclusive workplace where everyone is treated with fairness, dignity, and respect. We are committed to recruiting and retaining a diverse staff reflective of the patients and communities we serve. We regard laws and regulations regarding diversity as the minimum standard.

WORKPLACE HARASSMENT
Memorial Health and its Team Members are committed to maintaining a workplace free of any form of harassment. Memorial Health will not tolerate any conduct that constitutes harassment. Harassment is any behavior or conduct that is based on a protected characteristic and interferes with a Team Member’s ability to perform his/her work duties. Harassment may also cause a hostile, offensive, or intimidating workplace.

Q. What is considered harassment and what if I experience harassment in the workplace?
Some examples of harassment include:
- Sabotaging someone’s work;
- The use of disparaging or abusive words or phrases;
- Continuing the use of names or phrases that knowingly offend an individual or group;
- Degrading or humiliating jokes, slurs;
- Intimidation; and
- Sexual harassment, including:
  - unwanted sexual advances;
  - comments about a person’s body;
  - request for sexual favors; and
  - discussing someone’s sex life.

If, at any time, submission to any of these behaviors becomes a condition of employment or interferes with a Team Member’s work performance or causes an intimidating or offensive work environment, contact your supervisor or Compliance and Audit Services immediately.
**WORKPLACE HEALTH AND SAFETY**

Organizational and departmental policies have been developed to safeguard Team Members against potential workplace hazards. Memorial Health provides department heads and managers with appropriate information and training to develop safe working conditions and safe work practices within their departments and areas of expertise. Team Members must become familiar with these policies and procedures and have a firm understanding of how they relate to their job duties. If a Team Member becomes aware of a safety or health issue, they must report the matter immediately to a supervisor, Team Leader or security officer. Safety training is required for all Team Members once a year.

Q. What measures are in place for my personal protection and the protection of our patients and visitors?
Memorial Health has a fully trained security staff that provides 24/7 security monitoring throughout the Memorial campus. Escorts are also available to patients, guests, and Team Members upon request.

Q. What should I do if I encounter an unsafe situation?
If you should encounter an unsafe situation, you should attempt to move away from the area and then notify Security at 350-8600.

Q. Is Memorial Health a smoke-free campus?
Yes. Our campus is a smoke-free environment. We have an obligation to promote healthy living as well as avoid the risks of smoking. For that reason, smoking is not permitted anywhere inside of our buildings or on campus.

Q. Is Memorial a drug-free workplace?
Yes. For the protection of our patients and colleagues, we are committed to a drug-free workplace. No one may report to work or remain at work while under the influence of alcohol or drugs. As a Memorial Team Member, you are subject to a pre-employment drug screen upon hire and random drug screening for the duration of employment. Other potential reasons for drug screening include for-cause, missing narcotics, and post-accident.

Q. What should I do if I suspect a Team Member, member of the medical staff, contract worker, or volunteer is under the influence of alcohol or drugs or appears to be impaired?
It is your responsibility to report the individual in one or more of the following ways:
- Report to your Team Leader or to someone within your chain of command;
- Contact your HR Business Consultant; or
- Call the Ethics Line at 1-800-555-8497.
VII. INTEGRITY IN DECISION MAKING

You may face a situation where the right course of action is unclear. In order to ascertain what to do, ask the following questions:

- Is it inconsistent with Memorial Health values and mission?
- Is it illegal?
- Is it unethical?
- Will the patient be harmed?
- Will my co-workers be harmed?
- Could it harm Memorial Health financially?
- Will it harm government programs?
- Would Memorial Health’s reputation be harmed or compromised if it became public knowledge?
- Does it seem unfair or inappropriate?
- Would Memorial Health be adversely affected if every Team Member did it?
- Would it make you uncomfortable to read it in the newspaper?

If you are still uncertain of what decision to make, please speak with your supervisor, Team Leader or consult with the Compliance and Audit Services Department.
VIII. RESOURCES FOR GUIDANCE AND REPORTING CONCERNS

COMPLIANCE AND AUDIT SERVICES

Office  912-350-8681
Anonymous Reporting Line  1-800-555-8497

OTHER IMPORTANT TELEPHONE NUMBERS

Risk Management  912-350-8253
Security  912-350-8600
Human Resources  912-350-8225
The Institute for Ethics  912-350-5193
Patient and Family Centered Care  912-350-8581
Memorial Health offers many different avenues to report your concerns. Please use any of the options summarized below.

**INTERNAL REPORTING**

**Your supervisor** – Once notified, he or she has an obligation to report your concern accordingly in the system.

**Human Resources Business Consultant (HRBC)** – Contact your department’s HRBC at 350-8225 for any concerns regarding your employment or treatment in the workplace. Memorial Health HRBCs are knowledgeable about many of the compliance risk areas that pertain to employment and the workplace. HRBCs are also responsible for ensuring compliance with employment laws.

**Patient Complaints** – If you have any concerns regarding your experience at Memorial Health, please contact the Office of Patient and Family Centered Care at 912-350-8581.

**Compliance and Audit Services** – You can contact this office directly at 350-8681 to report any concern or violation of our Code of Business Practice.

**Ethics Line** – If you encounter situations or circumstances that raise troubling legal or ethical questions, talk with your Team Leader or another manager. If you prefer to remain anonymous, call the toll-free Ethics Line at 1-800-555-8497 to address issues or concerns relating to ethical business conduct. Trained communication specialists are available 24 hours a day, seven days a week to take your call.

**Quantros** – You also may access Memorial Health’s Web-based reporting system that allows Team Members to enter incidents that occur within the organization. The incidents are reported to Risk Management. Incident types that may be entered into the Quantros reporting system are those related to adverse drug reactions, conduct, employee injuries, equipment, falls/slips, medications, physician rule violations, procedures, registration, and security.

**EXTERNAL REPORTING**

If you or any of our patients are a Medicare beneficiary and are concerned about any issues related to care or billing, this may be reported directly to Medicare by calling 1-800-633-4227.

**Joint Commission Reporting** – If you or any of our patients have a concern about patient safety or the quality of care, this may be reported directly to The Joint Commission Office of Quality Monitoring by calling 1-800-994-6610 or by emailing complaint@jointcommission.org.

If you or any of our patients have an unresolved patient grievance, this may be reported directly to the Georgia Department of Human Services Complaint Department Intake Unit at 2 Peachtree Street NW, Suite 32-415, Atlanta, GA 30303.

If you or any of our patients believe that privacy rights or protections of personal health information have been violated, this may be reported directly to the Office of Civil Rights, Region IV, Department of Health and Human Services at 61 Forsyth Street, Atlanta Federal Center, Suite 3B70, Atlanta, GA 30303-8909, or call 1-800-368-1019.
IX. A FINAL WORD

Memorial Health’s reputation for excellence and integrity is directly related to the talented, honest, diligent people on our team. The success of our organization depends in large part on continually improving our reputation for the highest standards of integrity and honesty. Healthcare companies such as ours are closely scrutinized by federal and state government regulators, competitors, and the public. Strict adherence to the high standards of personal and business behavior contained in our Code of Business Practice allows Memorial Health the ability to merit the confidence and support of the patients, customers, and Team Members we serve. Remember – compliance requires systems thinking, working together, and looking, at the larger picture.

- Report all occurrences, violations and suspected violations.
- Encourage fellow Team Members to report violations.
- Look at the big picture and discourage retaliation whenever possible.
- Use an organizational approach when solving problems to help decrease compliance risk elsewhere in the organization.
- Propose ideas to prevent future violations.

We wouldn’t have it any other way.