



**TALLAHASSEE
MEMORIAL**
HEALTHCARE

COMPLIANCE PROGRAM

Approved February 11, 2016

TABLE OF CONTENT

- I. INTRODUCTION
- II. DEFINITIONS
- III. COMPLIANCE STANDARDS AND PROCEDURES
 - A. DISCUSSION OF APPLICABLE LEGAL STANDARDS
 - 1. *Equal Employment Opportunity*
 - 2. *The Emergency Medical Treatment and Active Labor Act (“EMTALA”)*
 - 3. *Other Federal and State Laws*
 - B. COMPLIANCE GUIDELINES
 - 1. *The Work Environment*
 - 2. *Ethical Conduct*
 - 3. *Nondiscrimination*
 - 4. *Conflicts of Interest*
 - 5. *Confidential Information*
 - 6. *Billing, Claims and Records*
 - 7. *Retaining Records*
 - 8. *Use of TMH’s Funds/Assets*
 - 9. *Policies Governing IRS Compliance*
 - 10. *Dealing with Suppliers/Referring Providers*
 - 11. *Research Activities*
 - 12. *Email, Voicemail and the Internet*
 - 13. *Safety, Health and the Environment*
- IV. CORPORATE COMPLIANCE OFFICER, OPERATIONAL COMPLIANCE COMMITTEE AND AUDIT/COMPLIANCE COMMITTEE
 - A. THE CORPORATE COMPLIANCE OFFICER
 - B. THE OPERATIONAL COMPLIANCE COMMITTEE
 - C. THE EXECUTIVE COMPLIANCE COMMITTEE
 - D. THE AUDIT/COMPLIANCE COMMITTEE
- V. REPORTING PROCESS
 - A. REPORTING PROCESS
 - B. COMPLIANCE HELPLINE/EMAIL
 - C. INVESTIGATION OF SUSPECTED NON-COMPLIANCE
 - D. GOVERNMENTAL INVESTIGATIONS
 - E. PROCESSING OF DISCLOSURES AND REPORTS AND NONRETALIATION
- VI. PREVENTING INDIVIDUALS INVOLVED IN ILLEGAL ACTIVITIES FROM EXERCISING DISCRETIONARY AUTHORITY
- VII. TRAINING AND EDUCATION PROGRAMS

- A. TMH COLLEAGUES
- B. TMH COLLEAGUE TRAINING

VIII. MONITORING AND AUDITING SYSTEMS

- A. AUDITS
- B. CONTRACTS

IX. DISCIPLINARY PROCEDURES

X. OTHER LEGAL MATTERS

I. INTRODUCTION

Tallahassee Memorial HealthCare and its affiliates (“TMH”) seek to conduct themselves in accordance with the highest level of business and community ethics and in compliance with applicable governing laws. TMH recognizes the problems that both deliberate and accidental misconduct in the health care industry can pose. TMH is committed to ensuring that it operates under the highest ethical and moral standards and that its activities comply with applicable laws.

TMH’s Compliance Program (the “Program”) has been developed in accordance with applicable law and with guidance from state and federal authorities when available, including the Federal Sentencing Guidelines. The Program focuses on the prevention of fraud and abuse in federal, state and private health care plans and is structured so that the Program may be expanded in the future to cover other areas of compliance to which TMH is subject. With this Program, TMH will seek to promote full compliance with all legal duties applicable to it, foster and assure ethical conduct, and provide guidance to each employee and agent of TMH for his/her conduct. The procedures and standards of conduct, which are part of the Program, define generally the scope of conduct that the Program is intended to cover and should not be considered as all-inclusive.

The Program is intended to prevent accidental and intentional noncompliance with applicable laws, to detect such noncompliance if it occurs, to discipline those involved in non-compliant behavior, to remedy the effects of noncompliance and to prevent future noncompliance. The Program is a “living document” and will be updated to keep TMH’s compliance requirements current. As such, the TMH Board of Directors recognizes that the development of an effective Program is an evolutionary process that will be developed consistently and methodically over time.

TMH’s Board of Directors authorized the implementation of a Compliance Program by Resolution dated January 19, 2000 and the preparation of a comprehensive written Compliance Program and the establishment of the Audit/Compliance Committee of the Board of Directors by Resolution dated August 20, 2003. The Board of Directors, through its Audit/Compliance Committee will receive periodic compliance reports and annual report from the Compliance Officer. Annually, the Board of Directors will review the Program and compliance efforts during the prior year and will act on any suggested revisions necessary to improve the Program directly or through the Audit/Compliance Committee of the Board.

II. DEFINITIONS

These terms have the following meaning throughout this Program:

1. “Confidential information” includes proprietary, medical and personal information concerning the medical, personal, or business operations and affairs of TMH, its patients and employees, and any other information that is not generally disclosed to the public.
2. “Federal healthcare offense” means a violation of, or a criminal conspiracy to violate, any legal standard, if the violation or conspiracy relates to a healthcare benefit program.
3. “Federal healthcare programs”, as defined at 42 U.S.C. § 1320a – 7b(f), include any plan or program that provides health benefits to any individual, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or state health care program including, but not limited to, Medicare, Medicaid, Tri-Care, Federal Bureau of Prisons and Indian Health Services, but excluding the Federal Employees Health Benefit Program.
4. “Health care benefit program” means any public or private plan or contract for the provision of any medical benefit, item or service to any individual.
5. “Should know”, as defined under 42 U.S.C. § 1320a(l)(7), in relation to prohibited activity, means that a person, with respect to information, acts with reckless disregard or deliberate ignorance of the truth or falsity of the information.
6. “TMH Agents” include all persons and entities that have contracted with TMH to provide health care related services, equipment or other goods or services.
7. “TMH Colleagues” include all TMH Employees, Medical Staff members, temporary and per diem personnel, volunteers, students and others rendering paid or unpaid services to TMH, and all TMH Agents.
8. “TMH Employees” include those persons employed by TMH, excluding independent contractors and agents.
9. “Upcoding” refers to utilizing a code to bill for a higher level of service or procedure and causing an increase in the reimbursement rate, when the medical record reflects that a lower level of service or procedure was actually provided to the patient.

III. COMPLIANCE STANDARDS AND PROCEDURES

Numerous federal and state laws and regulations define and establish obligations for the health care industry with which TMH and TMH Colleagues must comply. Any TMH Colleague who violates these laws and/or regulations not only risks individual criminal

prosecution and penalties, but civil actions for damages and penalties. Any TMH Colleague who violates these laws may be subject to immediate termination of his or her employment or affiliation with TMH.

A. Discussion of Applicable Legal Standards

Set forth below are some of the major federal and state statutes specifically applicable to health care providers. This outline is not intended to identify all applicable laws, and as described below, TMH Colleagues should always consult with the Corporate Compliance Officer on specific questions.

1. Health Care Fraud
(18 U.S.C. § 1347).

TMH and TMH's Colleagues shall not knowingly or willfully execute, or attempt to execute, a scheme or artifice to:

- a. Defraud any health care benefit program; or
- b. Obtain, by means of false or fraudulent pretense, representation or promise, any of the money or property owned by or under the custody or control of any health care benefit program, in connection with the delivery of, or payment for, health care benefits, items or services.

2. Civil and Criminal False Claims
(42 U.S.C. § 1320a-7b(a) and ch. (private insurance), and 118E, § 40)

TMH and TMH's Colleagues shall not knowingly and willfully make or cause to be made any false statement or representation of material fact in any claim or application for benefits under any federal health care program or health care benefit program. In addition, TMH and TMH's Colleagues shall not, with knowledge and fraudulent intent, retain federal health care program or health care benefit program funds that have not been properly paid.

Examples of prohibited conduct include, but are not limited to: misrepresenting services that were rendered; falsely certifying that statutes, rules, regulations and/or payment manuals or directives; Upcoding; billing for services not actually rendered; making false statements to governmental agencies about TMH's compliance with any state or federal rules; making false statements concerning licensure/certification is required; billing federal health care program rates in excess of applicable federal health care program established rates; repeatedly violating the terms of a participating physician agreement; and failing to refund overpayments made by a federal health care program.

- a. Civil False Claims Act
(31 U.S.C. § 3729(s))

TMH and TMH's Colleagues shall not:

- i. Knowingly file a false or fraudulent claim for payments to a governmental agency or health care benefit program;
- ii. Knowingly use a false record or statement to obtain payment on a false or fraudulent claim from a governmental agency or health care benefit program; or
- iii. Conspire to defraud a governmental agency or health care benefit program by attempting to have a false or fraudulent claim paid.

Examples of false or fraudulent claims include, but are not limited to, double billing, Upcoding, unbundling, submitting or processing claims for items or services not provided, submitting or processing claims for items or services not medically necessary, as defined in applicable statutes, rules, regulations and/or payment manuals or directives, and billing for non-covered services.

- b. Criminal False Claims Act
(18 U.S.C. §§ 286, 287).

TMH and TMH's Colleagues shall not knowingly make any false, fraudulent or fictitious claim against a governmental agency or health care benefit program. Conspiring to defraud a governmental agency or health care benefit program is also prohibited.

3. Anti-Referral Laws

(42 U.S.C. § 1320a-7b(b), GA § 43-1B "Patient Self-Referral Act of 1993").

TMH and TMH's Colleagues shall not knowingly and willfully solicit, offer to pay, pay, or receive any remuneration, either directly or indirectly, overtly or covertly, in cash or in kind, in return for:

- A. Referring an individual to a person for the furnishing, or arranging for the furnishing, of any item or service for which payment may be made, in whole or in part, under any federal health care program; or
- B. Purchasing, leasing, ordering, arranging for, or recommending the purchase of, leasing, or ordering of any goods, facility, service or item for which payment may be made in whole or in part, under any federal health care program.

Remuneration may include not only kickback payments and bribes, but also rebates, refunds, educational grants and other benefits to patients, referral sources, vendors and others in a position to and services as described above. Certain legally permitted practices, such as appropriate group purchasing

agreements and price reductions to health plans, among others, are excluded from this prohibition.

4. Ethics in Patient Referrals Act of 1989
(42 U.S.C. § 1395nn, (“Stark II”).

Generally, Stark II prohibits physicians and psychologist who have an ownership or compensation relationship with an entity that provides “designated health services” from referring a patient in need of those services for which payment may be made under Medicare or Medicaid to such entities unless that ownership or compensation arrangement is specifically permitted under the Stark II safe harbors. Designated health services include clinical laboratory services, physical therapy services, occupational therapy services, radiology services, radiation therapy services and supplies, durable medical equipment and supplies, parenteral and enteral nutrients, equipment and supplies, prosthetics, orthotics, and prosthetic devices and supplies, home health services, outpatient prescription drugs, and inpatient and outpatient hospital services. TMH makes every effort to ensure that its referral relationships meet the Stark II safe harbors.

5. Criminal False Statements Related to Health Care Matters
(18 U.S.C. § 1035).

TMH and TMH’s Colleagues shall not knowingly and willfully make or use any false, fictitious or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of, or payment for, health care benefits, items or services. TMH and TMH’s Colleagues shall not knowingly and willfully falsify, conceal or cover up a material fact by any trick, scheme or device.

6. Civil Monetary Penalties Act
(42 U.S.C. § 1320a-7a).

TMH and TMH Colleagues shall not knowingly present a claim to any federal health care program for an item or service the person knows or should have known, was not provided, was fraudulent, or was not medically necessary, as defined in applicable statutes, rules, regulations and/or payment manuals or directives. No claim for an item or service shall be submitted that is based on a code that the person knows or should know will result in greater payment than the code the person knows or should know is applicable to the item or service actually provided.

TMH and TMH Colleagues shall not offer to transfer, or transfer any remuneration to a beneficiary under a federal or state health influence the beneficiary to order or receive any item or service from a particular provider, practitioner, or supplier, for which payment may be made, in whole or in part,

under a federal health care program. Remuneration includes the waiver of coinsurance and deductible amounts except as otherwise permitted, and transfers of items or services for free or for less than fair market value.

7. Equal Employment Opportunity

TMH shall comply with all applicable federal and state laws pertaining to equal employment opportunity including but not limited to Title VII of the Civil Rights Act of 1964 and its subsequent amendments.

8. The Emergency Medical Treatment and Active Labor Act (“EMTALA”)

The Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, essentially declares that every individual has the right to emergency medical screening and stabilization regardless of the individual’s ability to pay for the care. The law, sometimes referred to as the Patient Anti-Dumping Law, was intended to prevent hospitals from denying care to individuals, or from transferring a patient, possibly at serious risk, to another hospital without providing a medical screening exam and any necessary treatment to stabilize the patient before transfer. TMH has always practiced within the letter and the spirit of this law and expects all TMH Colleagues to continue to do so.

9. HIPAA and HITECH

(45 CFR Parts 160, 162, and 164)

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), also known as the “Privacy Rule” and/or “Security Rule”, provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

The Health Information Technology for Economic and Clinical Health Act (“HITECH”), specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity, and availability of electronic protected health information.

10. Other Federal and State Laws

TMH is subject to a range of other federal and state laws and regulations including, without limitation, wire and mail fraud, obstruction of criminal investigations, conspiracy laws and the Federal Racketeering Act, which includes criminal and civil penalties, and State administrative sanctions on providers who violate the rules, regulations and laws governing the Medical Assistance program.

Other State laws that could be implicated include but are not limited to:

- Florida “Hospital Licensing and Regulations”, Chapter 395, Florida Statutes.
- The Florida “Patient Self-Referral Act of 1992”, §456.053, Florida Statutes.
- Florida Patient Brokering Prohibition, §817.505, Florida Statutes.
- Florida’s EMTALA, “Access to Emergency Services and Care”, §395.1041, Florida Statutes.
- Hospitals – “Rebates Prohibited, Penalties”, §395.0185, Florida Statutes.
- “Medicaid Provider Fraud”, §409.920, Florida Statutes.
- “Florida RICO (Racketeer Influenced and Corrupt Organization) Act”.
- “Florida Antitrust Act of 1980”, Chapter 542, Florida Statutes.
- “Florida Prompt Payment Statutes, Sections §627.613, §627.6131 and §641.3155, Florida Statutes.

B. Compliance Guidelines

1. The Work Environment

TMH’s Mission, Vision, Values, Code of Conduct, Bylaws, Medical Staff Rules and Regulations, and policies and procedures (collectively, “Governance Documents”) are the foundation upon which the organization functions and are the standards of TMH and its Colleagues.

As a member of the organization, each TMH Colleague is responsible for understanding TMH’s Governance Documents that address legal and ethical conduct as applicable to their position. Each individual is expected to apply those principles in his or her daily work life at TMH. The commitment of each individual to building a positive work environment will determine TMH’s ability to maintain the type of culture that supports its values, high quality patient care, patient satisfaction, the achievement of TMH’s overall goals and that supports a fulfilling professional life for all TMH Colleagues.

2. Ethical Conduct

TMH Colleagues shall be familiar with and shall conduct themselves in compliance with the TMH Code of Conduct. TMH expects that all TMH Colleagues will carry out patient care, and will conduct TMH's business, with in line with TMH's ICARE values—Integrity, Compassion, Accountability, Respect, and Excellence. In doing so each individual's behavior is characterized by truthfulness, the absence of deception or fraud, and respect for laws applicable to TMH's business and industry. Even in cases where interpretation of the new law could be ambiguous, permissive or lenient, TMH and TMH Colleagues will always choose the course of honesty and integrity.

3. Nondiscrimination

It is the policy of TMH that all employment and patient care activities will be conducted without discrimination harassment as to age, race, religion, creed, national origin, citizenship, sex, marital status or disability or other classification protected by law. No person will be excluded for participating in, be denied the benefits of, or be subject to discrimination or harassment in any manner while a patient, visitor, volunteer, student, employee or medical staff member of TMH.

4. Conflicts of Interest

In any organization, the potential for conflict of interest exists for decision-makers at all levels. TMH's Conflict of Interest Policy provides that all TMH Employees, Medical Staff members and Board members shall disclose any actual or potential conflicts of interest so that appropriate action can be taken to ensure that such conflicts do not inappropriately influence important decisions.

5. Confidential Information

All TMH's Colleagues must safeguard TMH's confidential information and trade secrets. To safeguard means (i) to refuse improper access to the confidential information and trade secrets of the organization, including TMH's competitors; (ii) to refuse to share confidential information with anyone inside TMH who does not have a specific "need to know" in order to do his/her job; and (iii) to exercise care in all conversations about confidential information that may be overheard by people inside or outside TMH.

a. Patient Information

Many TMH Colleagues can and do access patient information as part of their job responsibilities. However, it is unethical and illegal for a TMH Colleague to reveal personal information including, but

not limited to, names, addresses, ages, birth dates, medical information or appointment schedule and history, about any patient, including co-workers, friends or relatives who become patients. It is unethical and illegal to access or release such information unless required by the individual's job responsibilities, with appropriate authorization or as required by law. TMH Colleagues shall comply with the Health Insurance Portability and Accountability Act ("HIPAA"), Health Information Technology for Economic and Clinical Health Act ("HITECH"), and the related programs, policies and procedures implemented by TMH.

b. *Confidential Business Information and Release of Information to the News Media*

TMH's leaders, administrators and directors frequently know about TMH's business plans before that information is shared with the public. It is improper and unethical for that information to be shared with friends, relatives or any other party before the information becomes public. In addition, TMH Colleagues may be aware of other information, including patient information, which is not public knowledge. All communications with media regarding patient condition status must be released in compliance with TMH policy.

6. Billing, Claims and Records

a. *Documentation*

All clinical services rendered must have substantiating documentation. If the appropriate documentation is not provided, the service is not considered rendered for billing purposes. TMH Colleagues shall not knowingly bill for services without appropriate documentation.

Medical records may not be erased or altered. Medical records may be amended to correct an error or to complete documentation, but *only* in accordance with established medical record procedures and as permitted by applicable HIPAA privacy policies and procedures.

Clinical, administrative or clerical TMH Colleagues involved in the preparation and/or submission of charge or billing data must be fully aware of applicable coding and documentation practices, consistent with the requirements of their particular jobs. TMH Colleagues who suspect that inaccurate charging, billing, coding or documentation is occurring should immediately follow the Reporting Process outlined in Section V hereof.

b. Billing and Claims

TMH bills only for services actually rendered and that are medically necessary, as defined in applicable statutes, regulations, rules and/or payment manuals or directives. Services rendered must be thoroughly documented and appropriately coded, and billing must comply with the requirements of state and federal laws and guidelines, and conform to all payor contracts and agreements.

c. Records

Federal law requires TMH to assure that its books and records are accurate. It is against TMH's policy for any person knowingly to cause TMH's books and records to inaccurately describe the true nature of a business or clinical transaction.

d. Payments/Receipts

TMH Colleagues may not receive or make any payments on behalf of TMH without fully understanding their purpose. The purpose must be the same as described in the documents supporting the transaction.

7. Retaining Records

Laws, regulations and TMH policy provide how long certain records must be kept, including but not limited to patient records, billing data and certain records involving tax, personnel, health and safety, environmental, contract and corporate issues. In addition, all documentation relating to government investigations, audits or legal action shall be retained in compliance with TMH policy. Destroying such records before the matter is closed, or destroying records so that they may not be used in legal proceedings, is illegal.

8. Use of TMH's Funds/Assets

TMH's assets are the sole property of TMH for the benefit of its patients and the organization. TMH's assets may not be used by TMH Colleagues or other TMH representatives for personal gain.

9. Policies Governing IRS Compliance

Federal and state IRS regulations govern both non-profit and for-profit providers. TMH shall create policies and procedures to address applicable tax and tax-exemption issues and to determine how they relate to TMH's management staff, mergers and acquisitions, physician contracts, board members, perks and privileges.

10. Dealing with Suppliers/Referring Providers

TMH Colleagues who work with businesses or providers that supply TMH with referrals, products or services, may face situations that test their integrity. In general, if a TMH Colleague stands to gain personally from a TMH business transaction, that transaction may be prohibited by applicable TMH policy and, in many cases, may be illegal. Because relationships with suppliers and referring providers can pose a variety of ethical or even legal problems, the following additional guidelines may help explain the boundaries of ethical conduct:

a. Kickbacks and Rebates

These perquisites can take many forms and are not limited to cash payments or credits. Any time a TMH Colleague or a member of his/her family is offered something of value as a result of TMH purchasing any product or service or as a result of TMH's consideration of such purchase, such offer must be declined as it may be unethical and illegal.

b. Reciprocity

In some instances, TMH may purchase goods and services from a supplier who also buys goods and services from TMH. Any form of pressure for reciprocal business from a supplier is not ethical and may be illegal. TMH Colleagues should never ask a supplier to buy services from TMH in return for the opportunity to do business with TMH.

c. Gifts or Gratuities

TMH recognizes that there are situations when employees will be offered gifts from patients, family or business associates. However, in healthcare, gifts pose a risk for conflict of interest or fraud and/or abuse related to anti-kickback laws and regulations. In recognition of these issues, the Gifts and Gratuities policy should be followed. Below are examples of guidelines to follow:

i. Entertainment by Business

TMH Colleagues may accept entertainment offers from outside businesses only if the entertainment is reasonable, helps to strengthen the business relationship and does not involve significant expenses as more particularly defined in applicable TMH policies and procedures. It is unethical to encourage or ask for entertainment from any person or company who does business with TMH. TMH

Colleagues should avoid any offer that is intended primarily to gain favor or influence.

ii. Payments to Agents, Representatives and Consultants

Any agreement with agents, sales representatives or outside consultants must be reasonable in amount, and must reflect the fair market value of the service provided, as well as common trade practices.

iii. Payments to Government Employees

It is illegal to offer any government official or employee a payment of money, gifts, services, entertainment or anything else of value.

iv. Other Improper Payments

The use of TMH funds or assets for any unlawful or unethical purpose is prohibited. It does not matter if TMH Colleagues make the payment directly, indirectly or by a third party agent on behalf of TMH. Such payments are prohibited.

11. Research Activities

The Chief Organizational and Improvement Officer (“COIO”) has primary responsibility for protecting the welfare and rights of TMH’s research subjects and for assuring TMH’s compliance with the regulations of funding agencies, the National Institutes of Health Office of Protection from Research Risks (“OPRR”), existing federal, state and local laws, regulations on animal experimentation, the U.S. Department of Agriculture and the U.S. Department of Health and Human Services. TMH is deeply concerned with safeguarding the rights and welfare of all human beings who participate as subjects in research projects involving human subjects or human material. The COIO is committed to providing investigators with the information and training necessary to ensure their awareness of the ethical and legal obligations that are assumed when research projects involving human subjects are undertaken. TMH has established an Institutional Review Board (“IRB”), in collaboration with OPRR that reviews, and has the authority to approve, require modification of, or disapprove all clinical human research activities, including proposed changes in previously approved clinical human subject research. TMH shall develop policies and procedures relating to non-clinical research, as necessary.

12. Email, Voicemail and the Internet

Email, voicemail and the internet are available for use by TMH Colleagues primarily for TMH business and in accordance with TMH policies and procedures and applicable federal and state laws and regulations including but not limited to the HIPAA privacy regulations and HITECH Act. All email and voicemail messages or other communications sent internally and externally using TMH's computers or communications systems are the property of TMH; therefore, TMH Colleagues should not expect that any message sent or received using these systems is private.

TMH Colleagues using email should be aware that email messages are considered documents, and as such, could be subject to discovery in any litigation involving TMH.

13. Safety, Health and the Environment

TMH is committed to providing a safe and healthy workplace for TMH Colleagues, patients and visitors. TMH Colleagues have a responsibility to follow safe operating procedures, to safeguard their health as well as that of their co-workers, and to provide a safe and accessible environment to our visitors and patients consistent with our goals, mission and applicable laws and regulations.

Colleagues are expected to report to their supervisor or manager any conditions they see as unsafe or hazardous.

IV. CORPORATE COMPLIANCE OFFICER, OPERATIONAL COMPLIANCE COMMITTEE AND AUDIT/COMPLIANCE COMMITTEE

A. The Corporate Compliance Officer

The Corporate Compliance Officer will have sufficient authority to fulfill the requirements of the position and has direct access to the Board of Directors. The Corporate Compliance Officer has individual responsibility for the implementation and continued operation and maintenance of the Program. All questions and concerns regarding compliance with the standards set forth in this Program must be directed to or brought to the attention of the Corporate Compliance Officer. All TMH Colleagues must fully cooperate and assist the Corporate Compliance Officer as required in the exercise of his or her duties. If a TMH Colleague is uncertain whether specified conduct is prohibited, the TMH Colleague should follow the Reporting Process below or contact the Corporate Compliance Officer for guidance prior to engaging in such conduct.

B. The Operational Compliance Committee

This Program will be implemented under the guidance and supervision of two (2) Operational Compliance Committees. The first committee focused on hospital and Part A services, the second focused on physician practice and Part B services. The Operational Compliance Committees will coordinate compliance efforts for TMH, and are independently charged with review of applicable revenue cycle compliance, including but not limited to, claims denial; quality indicators; billing; and reimbursement. The Operational Compliance Committees will meet at least monthly.

C. The Executive Compliance Committee

This Committee will oversee the functions of the Operational Compliance Committees and will meet as set forth in the Executive Compliance Committee Charter. It will review activities of the Corporate Compliance Officer to ensure that all applicable duties and responsibilities are being accomplished and that effectiveness of this position is maintained.

D. The Audit/Compliance Committee

The primary responsibility of the Audit/Compliance Committee is to provide oversight of the development, implementation and operation of TMH's Compliance Program. TMH's independent auditor is responsible for auditing TMH's financial statements and rendering its opinion thereon.

V. REPORTING PROCESS

A. Reporting Process

TMH Colleagues are expected and required to report suspected violations of this Program. The following alternatives may help the individual determine the best course of action to take in making a report:

1. Discuss the situation with the appropriate supervisor or manager; or
2. Discuss the situation with the Corporate Compliance Officer; or
3. Report the concern on the Healthcare Safety Zone Portal; or
4. If the individual is not comfortable using any of the above reporting mechanisms, he/she at any time, may call the TMH Compliance Helpline at 1-877-772-6723.

B. Compliance Helpline/Email

The Compliance Helpline serves as a reporting option for TMH Colleagues with information about concerns or suspected misconduct. Questions about

compliance standards and legal duties will be forwarded to the Corporate Compliance Officer, who will respond or direct a response from an appropriate person or persons within TMH. The Corporate Compliance Officer will investigate all reports of suspected misconduct received through the Compliance Helpline. The Corporate Compliance Officer will refer all legal issues to the General Counsel.

Callers who wish to remain anonymous will be provided with an identification number. This number may be used by the caller to reference the report if additional information becomes available or he or she wants to call for follow-up. Email messages, however, are not anonymous as they contain the originator's email address. TMH cannot guarantee anonymity in the event of a government investigation or legal action.

Any TMH Colleague who makes an intentionally false statement or otherwise intentionally misuses the Compliance Helpline or e-mail may be subject to discipline up to and including termination of employment or contractual status. Individuals who report suspected violations in good faith will not be retaliated against.

C. Investigation of Suspected Non-Compliance

The Corporate Compliance Officer will conduct an investigation of any conduct that may be inconsistent with this Program or departmental compliance policies. TMH Colleagues will cooperate fully with any investigations undertaken by the Corporate Compliance Officer and/or the General Counsel.

D. Governmental Investigations

All federal and state governmental investigations, which shall include but is not limited to all requests for documentation and audits, shall be coordinated through the Corporate Compliance Officer, in consultation with, the Risk Manager. The Director of Risk Management will lead all investigations related to complaints made through the Agency for Health Care Administration (AHCA). The Director of Risk Management will make notification to the Corporate Compliance Officer and necessary senior leadership of any such complaints, subsequent investigations, and report any and all findings to the Executive Compliance Committee.

To the extent that senior leaders learn of a government investigation, they shall contact the Corporate Compliance Officer. To ensure accountability and consistency, any designee working on a government investigation must be specified and such designee must notify the Corporate Compliance Officer of the nature of their work and responsibilities.

E. Processing of Disclosures and Reports and Nonretaliation

The Corporate Compliance Officer will establish a mechanism for receiving disclosures and reports from TMH Colleagues who have information regarding suspected misconduct, and will be responsible for investigating any reports of suspected misconduct. Records of suspected misconduct and any subsequent investigation will be confidentially retained by the Corporate Compliance Officer for at least six years to the extent possible.

No TMH Colleague who, in good faith, reports suspected misconduct will be retaliated against or otherwise disciplined by TMH. The Corporate Compliance Officer may review personnel records and information periodically to ensure that those who report suspected misconduct are not subject to retaliation or other improper conduct. In addition, the Corporate Compliance Officer has the authority to keep confidential the names of TMH Colleagues who report information. However, the Corporate Compliance Officer does not have the authority to extend unilaterally any protection or immunity from disciplinary action, prosecution or any other sanction to those employees or agents who have engaged in misconduct.

All other departments will submit reports to the appropriate Operational Compliance Committee as requested by the Corporate Compliance Officer.

VI. PREVENTING INDIVIDUALS INVOLVED IN ILLEGAL ACTIVITIES FROM EXERCISING DISCRETIONARY AUTHORITY

No individual who has engaged in illegal or unethical behavior and/or who has been convicted of health care related crimes will be allowed to occupy positions within TMH, which involve the exercise of discretionary authority.

Any applicant for an employment position with TMH, and any TMH Colleague, will be required to disclose whether the individual or TMH Colleague has changed his/her name and, in accordance with applicable law and whether he/she has ever been convicted of a crime, including but not limited to health care related crimes.

In addition, TMH will reasonably inquire into the status of each prospective TMH Colleague, including, but not limited to the following:

- Conducting background checks of newly hired physicians, nurses, fellows and residents, security personnel and those who deal with controlled substances; and
- Conducting a review of the System for Award Management exclusion list (available at <https://www.sam.gov>); the HHS/OIG List of Excluded Individuals or Entities (available at <http://exclusions.oig.hhs.gov/>); and Florida's list of excluded individuals (available at <http://apps.ahca.myflorida.com>).

TMH will remove any person in a position of authority who is not willing to comply with this Program. TMH will implement procedures to terminate TMH Employees, or its relationship with TMH Agents, who are convicted of health care related crimes or excluded from participation in federal or state programs, including immediate removal programs. Upon notification, a TMH Colleague with a pending criminal charge relating to health care fraud, identity theft, or exclusion from participation in any government funded health care program will be removed from any role requiring the TMH Colleague to participate, on behalf of TMH, in the government funded health care program.

VII. TRAINING AND EDUCATION PROGRAMS

A. TMH Colleagues

All TMH managers will receive a copy of this Program. This Program will be posted on TMH's Intranet site and all TMH Colleagues will be encouraged to review this Program in its entirety. All TMH Colleagues will receive the Code of Conduct and other information necessary to help ensure compliance with these standards. New TMH Colleagues will receive a copy of the Code of Conduct after beginning employment or association with TMH.

Each TMH Colleague must sign and return an Acknowledgement Form, which states that the TMH Colleague has read and understands the provisions of the Code of Conduct and will comply with the policies and Compliance Program. Each TMH Colleague will be required to annually review the Code of Conduct and attest to complying with the Code of Conduct during his/her performance review. TMH Colleagues will have access to any changes in the Compliance policies as they occur. Upon revision to the Code of Conduct, each colleague must attest that he/ she read, understood, and agree to comply with the Code of Conduct. All TMH Colleagues are encouraged to ask questions or comment upon the Program. Any TMH Colleague who has questions or would like to offer comments regarding this Program or his/her obligations should follow the Reporting Process outlined in Section V above or contact the Corporate Compliance Officer.

All Acknowledgement Forms will be maintained by Human Resources. The Corporate Compliance Officer will periodically review employment records to verify that all TMH Colleagues have reviewed, and attest to comply with, the Code of Conduct.

B. TMH Colleague Training

1. Training

All TMH Colleagues providing health care services and/or any goods or services associated therewith, or billing and collection services, will

participate in training, which will be coordinated by the Corporate Compliance Officer. All new TMH Colleagues providing health care services, goods or billing services will be required to complete a training program following commencement of their employment.

Separate specialized training sessions may be conducted to permit additional focus on issues that may be specific to unique groups. The Corporate Compliance Officer may require additional training sessions for some or all TMH Colleagues as the need arises.

Adherence to the Program will be an element of each TMH Colleague's performance review. Compliance with the Program and laws are a condition of employment or association with TMH, and TMH will take appropriate disciplinary action as set out in this Program.

2. Updating

The Corporate Compliance Officer will ensure that training is updated at regular intervals to include new developments in law.

C. TMH Board Training

1. Board Training

Upon appointment, all new TMH Board members will receive Compliance Program training. Thereafter, the Corporate Compliance Officer will provide focused training as the need arises.

VIII. MONITORING AND AUDITING SYSTEMS

A. Audits

TMH Director of Internal Audit will work in cooperation with the Corporate Compliance Officer to fulfill the Program's requirements. Audit procedures will be implemented that are designed primarily to determine accuracy and validity of coding and billing submitted to Medicare/Medicaid, other federal and state health care programs and other payers, and to detect any instances of potential misconduct by TMH Colleagues as quickly as possible.

Any suspected incidents of noncompliance will be reported to the Corporate Compliance Officer and the head of the department where such suspected noncompliance is occurring for review and action. TMH will repay any overpayments that it discovers.

B. Contracts

TMH shall develop policies and procedures governing contract management. All contracts and other arrangements with physicians, laboratories, providers, referral sources and other persons will be entered into using standard contracts approved by General Counsel to verify legal compliance.

IX. DISCIPLINARY PROCEDURES

Failure to comply with this Program, or the laws and/or regulations applicable to participants in federally and state funded health care programs may result in discipline up to and including termination from employment or association with TMH. Failure of a TMH Agent to comply with the Program, or the laws and/or regulations may result in termination of the agency relationship. The Corporate Compliance Officer and/or General Counsel will investigate all bona fide claims of suspected misconduct. When TMH concludes that an employee or Medical Staff member has engaged in any misconduct covered by this Program, he/she will be subject to appropriate disciplinary procedures. Enforcement and discipline will be in the sole discretion of TMH and may include, but is not limited to:

- Discipline of individuals who fail to report known non-compliance conduct; and
- Discipline of those persons involved in the non-compliant conduct.

Appropriate disciplinary measures will be taken on a case-by-case basis. In addition to taking any appropriate disciplinary or other action against the party engaged in the misconduct, TMH may take other corrective action including, but not limited to:

- Re-training TMH Employees;
- Modification of the charges, coding and billing system where necessary;
- Adjustment to policies and procedures;
- Reporting the problem to authorities; and
- Consideration of restitution.

X. OTHER LEGAL MATTERS

TMH is committed to full compliance with all state and federal laws and will cooperate with all reasonable requests made by government investigators. TMH also seeks, however, to address any problems before the need for government investigation or other legal action arises and to protect the legal rights of TMH and its employees and agents. TMH has designated certain TMH Colleagues who have authority to receive subpoenas or other legal documents or inquiries regarding TMH business. All other

TMH Colleagues who are asked to receive such subpoenas or other legal documents must refer the individual who makes such requests to the Director of Risk Management. As discussed elsewhere in this Program, TMH Colleagues are encouraged to bring to the attention of their supervisors and/or the Corporate Compliance Officer any concerns about TMH's compliance with federal and state laws, knowing that they will not face any retaliation for their reporting of those concerns.