



COMPLIANCE STANDARDS OF CONDUCT 2019

**Created 6-1-98; Revised 5-02-02; Re-adopted 5-07-02
Re-adopted 1-15-04; Revised 1-5-05; Revised 1-4-07
Revised 1-21-08; Reviewed & Revised 12-18-09
Reviewed & Revised 12-28-2010; Reviewed & Revised 12-12-11.
Reviewed and Revised 8-1-13
Reviewed and Revised 2-6-2014
Reviewed and Revised 1-6-2015
Reviewed and Revised 12-13-16
Reviewed 2-16-2017
Reviewed and Revised 01-23-2018
Reviewed 12-10-2018**

MEDICAL CENTER HEALTH SYSTEM
INTRODUCTION TO THE STANDARDS OF CONDUCT

Each day, our fellow employees, medical staff, patients and the family members of those we serve rely on us to provide high quality care; they trust us to consistently demonstrate ethical behavior and integrity. Our actions are closely watched by co-workers, patients, visitors, regulators, and fellow community members. Each person's behavior is reflected through ethical, respectful, honorable, honest and truthful performance on our job as we treat others with fairness, respect, and commit to "doing the right thing."

The purpose of Medical Center Health System's **Compliance Standards of Conduct** is to define the principles and guidance on ethical business practice by which we perform our daily duties. These Standards apply to the Ector County Hospital District Board of Directors, Medical Center Health System employees, medical staff, volunteers, contractors, vendors and agents, and anyone doing business with Medical Center Health System (MCHS). Should you have questions about these Standards or any MCHS policies or practices, please feel free to raise your concern with any member of management or with Human Resources without any fear of retaliation or reprisal. You may also contact the MCHS Compliance and Privacy Officer.

We each have the responsibility to conduct ourselves in a manner that assures we comply with all policies, procedures, laws and regulations which relate to Medical Center Health System. Also, each of us is expected to report any concerns that we may have in connection with our responsibilities. The failure to report suspected improper activity may constitute a violation which could result in disciplinary action, which may range from a warning up to termination. In addition, referral of the matter may be made to the appropriate government agencies. MCHS has set up a toll-free Compliance Line (1-800-805-1642) for this purpose, and callers may remain anonymous. Confidentiality is guaranteed to the limit of the law. You may also file a complaint via the MCHS Intranet under the "*Employee Links*" click on "*Compliance Hotline*" or by using any PC with internet access at www.mch.ethicspoint.com. We have also placed Integrity Boxes at or near each time clock in MCHS facilities if you would prefer to leave a note rather than using the other reporting options we have described above. Again, there will be no retaliation or retribution against any employee for reporting a concern to management, Human Resources, the Compliance Line, the website or through the Integrity Boxes.

It is of utmost importance that each of us reads and understands the principles, guidance and ethical guidelines defined in the MCHS Compliance Standards of Conduct. Together we will continue to provide quality services to our patients and our community, through upholding our "**I CARE**" values: **I**ntegrity, **C**ustomer Centered, **A**ccountability, **R**espect, and **E**xcellence.

Sincerely,

Rick Napper, President/CEO

MISSION STATEMENT

Medical Center Health System is a community-based teaching organization dedicated to providing high-quality and affordable healthcare to improve the health and wellness of all residents of the Permian Basin.

VISION STATEMENT

MCHS will be the premier source for health and wellness

VALUES

“I CARE”

Integrity • Customer Centered • Accountability •
Respect • Excellence

QUALITY OF CARE AND PATIENT RIGHTS

Medical Center Health System (MCHS) is committed to providing the highest quality of care and delivering services in an ethical, professional and cost-effective manner, and shall not ignore any actual or perceived quality-of-care issues. Each MCHS workforce member has a duty to ensure that all such matters are brought to the attention of management, Human Resources or the Compliance Office. Members of the MCHS workforce will:

- Treat every patient with dignity, respect, and compassion at all times. We will demonstrate sensitivity and responsiveness to patients' needs by listening attentively and patiently to their comments and concerns.
- Recognize the rights of all patients to receive high-quality care without discrimination due to race, creed, gender, religion, national origin, disability, age, payer source or ability to pay.
- Provide patients with a written statement of their rights and responsibilities and ensure that they understand their rights and responsibilities in a manner that will be understood by them and obtain informed consent for treatment.
- Determine, upon admission, whether or not the patient has made or wishes to make advance directives and properly document in the health record any such directives. All directives will be followed as long as they fall within the limits of ethical standards and the law.
- Have a written process to address an employee's request to not participate in an aspect of patient care because of the employee's cultural, ethical, or religious beliefs; ensure that a patient's care will not be affected negatively if such a request is granted; and maintain guidelines and procedures stating those aspects of care which might conflict with an employee's cultural values, ethical or religious beliefs.
- Ensure that patients are fully informed and involved in resolving questions or concerns about their care decisions, the health care facility providing care, and any involved decision-makers and that they are treated in a manner that preserves their privacy, dignity, self-esteem, civil and legal rights and involvement in their own care.

- Ensure that clinical decisions are based on identified patient health needs, regardless of how the facility compensates or shares financial risk with its management or clinical staff, and licensed independent practitioners. Guidelines and procedures, which address the relationship between use of services and financial incentives, are available on request for review by patients, clinical staff, licensed independent practitioners and hospital employees.
- Consider all patient information to be private and strictly confidential.
- Protect the confidentiality of a patient's health care information and discuss only with those directly involved in the patient's care, or with those whose duties and responsibilities require access to such information, or as otherwise required by laws and regulations. We will protect and maintain the confidentiality of all patient records as required by applicable laws regulations, policies and procedures.
- Ensure that patients presenting themselves for emergency medical treatment will be provided treatment or care, without regard to their ability to pay, and within the service capability of the facility, in accordance with the Emergency Medical Treatment and Active Labor Act (**EMTALA**) and other laws, regulations and policies or procedures.

Anyone with an emergency medical condition will be evaluated, treated, stabilized and admitted based on medical necessity. Financial information will be obtained only after the patient's immediate needs are met. Patients will only be transferred to another facility if their medical needs cannot be met at the receiving facility (MCHS) and then only to a facility that can provide the necessary treatment. Patients may only be transferred after they have been stabilized and accepted by the receiving facility. Patients or someone authorized to act in their behalf will be involved in any transfer decision and the informed consent for such a transfer.

- Conduct effective collaboration among departments and hospital/physician staff, contributing to patient care and organizational vitality.
- Engage the services of only professionals with proper credentials,

experience and expertise in meeting the needs of our patients.

- Screen all our medical professionals against duly authorized licensing and disciplinary authorities for any sanctions for performance or conduct.
- Provide medical services, which comply with all applicable laws, regulations and professional standards.
- Take all reasonable steps to ensure the safety and security of patients, visitors and employees. We will operate as efficiently as possible, but will not compromise quality of care, safety or service to reduce cost.
- Honor the rights of patients, or their legal designees, to participate in decision-making regarding their health care, to include refusing treatment to the extent permitted by law and to inform the patient of the consequences of such action.
- Ensure that patients are provided needed protective services, and we will provide procedures for an independent assessment of the patients' best interests and inform them of their right to file grievances with the proper agencies.
- Recognize that patients have a right to pain management and have established guidelines and protocols to properly assess and to effectively manage pain. We will ensure that appropriate employees are properly trained in the initial and periodic assessment of pain and sensitivity in communicating with the patient about pain management.
- Ensure that patients who are asked to participate in a research project or clinical trial are provided sufficient information to make an informed decision and we will obtain an informed consent.
- Ensure that long-term care patients will be informed of their right to perform or refuse to perform tasks in or on behalf of the facility.
- Ensure All MCHS communications and any promotional or marketing activities will be conducted in accordance with ethical standards and guidelines, and applicable laws, regulations, policies and

procedures to protect patient rights.

- Comply with all standards and procedures set forth in The Joint Commission guidelines to remain accredited by The Joint Commission.

COMPLIANCE WITH LAWS AND REGULATIONS

MCHS is subject to a number of state and federal laws and regulations pertaining to all aspects of its operation. Compliance with these laws and regulations is the basis for establishing and publishing our MCHS Compliance Standards of Conduct. Compliance with applicable laws and regulations is of the utmost importance to our health system. MCHS workforce members are all required to understand and abide by those laws and regulations, which are applicable to each employee in the performance of their different roles. Employees have the duty to report any actual or perceived violation of applicable laws, regulations and professional standards to management, Human Resources or the Compliance Office. Each workforce member will **NOT**:

- Pursue any business opportunity or personal matter that requires engagement in unethical or illegal activity or that we believe may be in violation of any law, rule, and regulation or MCHS policy.
- Solicit, receive, or offer to give anything of value to employees, physicians, or other health care professionals for referrals of patients. Kickbacks, bribes, rebates or flow of any kind of benefits intended to induce referrals are strictly prohibited.

Furthermore, each workforce member **WILL**:

- Provide payments or other benefits at fair market value to clinicians and potential or actual referral sources only for the services rendered.
- Maintain complete and accurate patient health records to support all medical decisions including the medical necessity of all diagnostic testing.
- Adhere to sound environmental and safety practices, as well as, the proper handling of medical or hazardous waste, including radioactive materials.

- Commit to training employees to carry out their work in a manner that is safe for them, their coworkers and the patients they serve.
- Ensure that our contracts conform to all applicable laws and regulations by having them reviewed and approved in accordance with MCHS's Policy.
- Ensure that all drugs or other controlled substances used in treatment of patients are maintained, dispensed, and transported in conformance with all applicable laws and regulations.
- Take issues regarding false claims, fraud and abuse seriously and encourage all Ector County Hospital District Board of Directors, MCHS employees, medical staff, volunteers, contractors, vendors and agents to be aware of the laws regarding detection and prevention of fraud and abuse and false claims and to identify and resolve any issues immediately.
 - These laws can be searched on the Internet. The Federal False Claims Act, includes information on what defines a false claim, the enforcement for violation, penalties, Qui Tam provisions, and protections for Whistleblowers.
 - The Program Fraud Civil Remedies Act authorizes certain federal agencies, including the Department of Health and Human Services to investigate and assess civil penalties against persons who make or cause to be made false claims or false written statements to Medicare and Medicaid. Enforcement is provided by the Attorney General.
 - Texas has their own False Claims Act of 1995 which adds another support for enforcing fraudulent claims.

Reporting Fraud and Abuse: Issues are resolved faster and most effectively when given prompt attention. Anyone can report suspected fraud concerns through the MCHS Compliance Office, the internal hot line at 640-1900, or by submitting a concern through the MCHS Intranet under the Employee Links and clicking on Compliance Hotline. Also, one can access the Internet search engine and type in the address www.mch.ethicspoint.com to access the MCHS external hotline. A written concern can be placed in one of the Integrity boxes located on

each unit and in most cases near the time clocks, or a concern can be called in to the MCHS external Compliance Line at 1-800-805-1642. Callers can and may remain anonymous. Please provide as much information as possible to help with the investigation of the concern.

CONFLICTS OF INTEREST

MCHS will take all necessary steps to avoid conflicts or the appearance of conflicts between private interests and the official responsibilities of our duties. These Standards are not intended to extend to the ordinary courtesies of business life, such as token gifts of minimal value, modest entertainment incidental to a business relationship or the giving or receipt of normal hospitality of a social nature. Employees have a duty to report any actual or perceived conflicts of interest to management, Human Resources or the Compliance Office. MCHS employees will:

- Avoid engaging in any activity, practice or act that is disloyal, competitive or violates the MCH-3016 Conflict of Interest Policy.
- Ensure that all statements, communications and representations are accurate, complete and truthful and that they comply with applicable laws and regulations.
- Not accept gifts provided in connection with employment that exceed \$50 in value unless reported and approved in writing by the Compliance Officer. Gifts of nominal value, such as meals and entertainment, are not prohibited, but should comply with the MCH-3016 Conflict of Interest Policy.
- Engage in outside employment only after ensuring that it does not conflict with employment at MCHS.
- Not engage in any outside employment or activity that would require extra hours and effort to such an extent that it would be detrimental to the employee's satisfactory performance or detrimental to the interests of MCHS.
- Not do business with any firm in which we, our families, or our close business and personal associates have a direct or indirect interest without disclosure and proper written approval.

- Make no investment nor engage in any business transaction with an organization that is a potential competitor, supplier or customer of MCHS without disclosure and proper written approval.
- Not own, directly or indirectly, a financial interest in a business entity that does or seeks to do business with, or is in competition with MCHS without disclosure and proper written approval.
- Utilize fair and competitive pricing for our services and products.

HIPAA, PRIVACY RULE & SECURITY RULE

Medical Center Health System (MCHS) recognizes the rights of all patients to have their health information protected from review, viewing and disclosure. To this end MCHS has specific policies addressing all aspects of the HIPAA rules for Protected Health Information (PHI). These policies may be found on the hospital Intranet under the POLICIES tab by searching for HIPAA under the “search by department” search option. They may also be searched by word or topic. (HIPAA-5001 to HIPAA-6022) We are all held accountable for respecting the rights of all patients to privacy of their health information, which is protected by a Federal Law referred to as HIPAA. All new MCHS employees are trained upon hire, annually and periodically throughout the year on the HIPAA policies and their responsibility to protect the patient’s health information.

The HIPAA Privacy Rule deals with Protected Health Information (PHI) in general and gives patients an array of rights with respect to that information. The Privacy Rule provides a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

The HIPAA Security Rule deals with electronic Protected Health Information (ePHI), and requires implementation of three types of safeguards: 1) administrative, 2) physical, and 3) technical.

- Medical Center Health System (MCHS) shall implement reasonable and appropriate controls to govern the receipt, use and removal of hardware and software that could possibly contain electronic protected health information (ePHI) in any form. (See MCH-1100)
- A device is any device capable of recording and/or storing ePHI and should be used as a means to access data on the MCHS network, not to store ePHI. Because technology continues to evolve,

MCH-1100 is considered to cover any future storage technology. All devices containing ePHI must be encrypted and password protected.

- MCHS shall employ technical safeguards to verify that a person or entity seeking access to ePHI is the one claimed.
- Use of a computer at MCHS means the user assumes personal responsibility for appropriate use and agrees to comply with Information Technology (IT) policy, other applicable MCH policies as well as city, state and federal laws and regulations.
- MCHS contracts with FairWarning to monitor all access to PHI on a daily basis for improper access.
- Improper access will be reported to the Privacy Officer and the workforce member's supervisor.
- Any Breach of PHI will be reported to the patient and to the Office of the Inspector General on an annual basis.
- We are prohibited from taking pictures of patients, employees or visitors with any device capable of taking pictures.
- Abuse of these Standards through personal use or use in violation of the law or MCH policies will result in disciplinary action, up to and including termination of employment and for non-employees, severance of the business association.

HIPAA PRIVACY BREACH NOTIFICATION

Following a breach of unsecured protected health information, the MCHS must provide notification of the breach to affected individuals, the HHS Secretary, and, in certain circumstances, to the media. In addition, business associates must notify the Medical Center Health System if a breach occurs at or by the business associate in accordance with the American Recovery and Reinvestment Act of 2009 and the HITECH Act 2013.

PROTECTION OF PROPERTY

We are committed to protecting MCHS's assets and the property of patients, employees, and visitors against loss, theft, and misuse. In the course of their duties, we may have access to the proprietary information of MCHS, its patients or employees. Proprietary information is information that is confidential, privileged, or protected by law.

MCHS also is committed to respecting the intellectual property rights of others. Moreover, all software used in connection with MCHS's business will be properly licensed and used in accordance with that license. Employees are also required to respect the patent trademark rights of others. Employees have a duty to report any actual or perceived misuse, loss or theft of property to management, Human Resources or the Compliance Office. MCHS workforce will:

- Not reproduce, distribute, or alter copyrighted material from books, trade journals, computer software, or magazines or any other items without permission of the copyright holder or his or her agent.
- Be responsible for protecting the confidentiality of patient records and information and shall not use or reveal any such information outside the context of our official duties and MCHS policy.
- Have an affirmative duty to preserve MCHS's assets, property, facilities, equipment and supplies and their loss, theft or unauthorized use.
- Take all reasonable steps to safeguard the property of patients, employees and visitors.
- Be responsible and accountable for the proper expenditure of MCHS funds and for the proper use of its equipment.
- Follow established internal control procedures in handling and recording all funds.
- Not use hospital assets for unlawful purposes or unauthorized personal benefit or fail to keep accurate and complete records of all assets, liabilities, revenues, and expenses.

- Ensure that drugs are safely stored, secured and inventoried and that missing supplies are promptly reported to supervisors and the Director of Nursing.
- Dispose of surplus or obsolete property in accordance with MCHS procedures.

PROPER CONSIDERATION OF HUMAN RESOURCES

MCHS is committed to protecting and supporting all employees, as well as, helping them to achieve their fullest potential in a fair and equitable manner. Employees have a duty to report any actual or perceived mistreatment, discrimination or hostile activity occurring in the work place. Employees will:

- Assure that everyone is afforded equal employment and advancement opportunities regardless of gender, age, disability, race, creed, religion or national origin.
- Treat one another with respect, dignity and fairness, appreciating the diversity of our work force and the uniqueness of each employee.
- Show proper consideration and respect to one another. Sexual harassment, such as sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature that would create a hostile work environment is strictly prohibited.
- Encourage and support each other in the development of individual skills, talents, knowledge and understanding of our jobs in order to deliver the highest quality of service and benefit to our patients.
- Encourage and recognize creativity and appropriate risk taking at all levels of MCHS in order to achieve innovation and excellence.
- Use our time productively during work hours spent at MCHS.
- Observe the standards of our professions and exercise judgment and objectivity in our practices.
- Maintain a high standard of confidentiality relating to employees of MCHS concerning salary, benefits, disciplinary and other personal information.

- Limit the number of employees who have access to confidential information to those individuals in MCHS who need the information to perform their job, and each employee shall exercise due care in protecting such information.
- Maintain a drug-free work place and smoke-free work place.
- Take all reasonable precautions to ensure our safety as well as the safety of patients, visitors and other personnel.

COMMUNICATION

We will encourage open, timely and candid communication, as well as collaboration among employees, departments, and physicians. **WE ALL have a duty to openly communicate and maintain an environment founded on teamwork.** Therefore, members of the workforce will:

- Be responsible to share ideas, resolve problems or concerns and treat all opinions with respect and consideration.
- Strive to understand the duties, responsibilities and challenges that face our fellow workers.
- Raise legitimate questions or concerns without fear of retribution, report concerns in the work place, including violations of laws, regulations and MCHS policies, and seek clarification and guidance whenever there is doubt.
- Be honest and forthright in any representations made to patients, vendors, payers, other employees and the community.
- Recognize that patients have the right to receive information regarding MCHS's policies, procedures and charges.
- Recognize that patients have the right to know the identity and qualifications of all MCHS personnel who provide services to them.
- Ensure the right of patients to voice their complaints/concerns about care and services provided without fear of retaliation or retribution.
- Ensure that patients are fully informed of their options with respect to any

outside referral, such as a home health agency.

BILLING AND CODING

MCHS is committed to honesty, accuracy and integrity in all of its billing, coding and documentation activities. MCHS workforce has **a duty to report any actual or perceived false, fraudulent, inaccurate or fictitious claims or documentation to management, Human Resources or the Compliance Office.** MCHS workforce members will:

- Submit for payment or reimbursement only claims for services actually rendered that are fully documented in patients' medical records and use billing codes that accurately describe the services provided.
- Ensure that all claims submitted for payment are supported by documentation of medical necessity.
- Commit to engaging in accurate and truthful billing practices. The submission of any claims for payment of any kind that are false, fraudulent, inaccurate, incomplete or fictitious is strictly prohibited.
- Take immediate steps to alert appropriate MCHS staff if inaccuracies are discovered in claims that have been submitted for payment or reimbursement and will promptly submit a corrected claim, refunding any money that is not due us.
- Always document physician information in the health record to ensure that all claims are submitted with the proper provider number.
- Ensure that physicians and MCHS employees are properly licensed and credentialed, and are not sanctioned or excluded from the Medicare, Medicaid or any other federal healthcare programs. (MCH-1057)
- Submit to governmental authorities only accurate reports and we shall not make false or deceptive statements.

ADDRESSING ISSUES AND CONCERNS

Any workforce members who raise concerns or allegations of possible violations of the Compliance Standards of Conduct, policies/procedures, laws, or regulations will be received openly and courteously. MCHS will not tolerate any direct or indirect retaliation or retribution against anyone who, in good faith, raises problems or concerns.

If a member of the workforce has a serious concern regarding conduct that is suspected to be illegal or fraudulent occurring in any of the MCHS facilities, they should report this to their supervisor, director or executive staff member immediately. An individual may call the toll-free Compliance Line at 1-800-805-1642 if you are not comfortable discussing the matter directly with someone in the chain of command. The Compliance Line is available to any anyone to report problems or concerns in good faith; however, it is not intended to replace the normal chain of command.

This Compliance Line is intended to identify and address fraudulent and illegal conduct as quickly and effectively as possible. If an individual calls the Compliance Line to report fraud or illegal conduct by others, they should do so without fear of retaliation or reprisal.

“Integrity Boxes” are located in each floor/unit and in most cases near each time clock in the MCHS facilities. The Integrity Boxes have proven to be an effective means for individuals to report concerns in the past and the Compliance Department continues to maintain them as a reporting mechanism in addition to the Compliance Line, as referred to in policy MCH-1064.

OTHER CONCERNS

For other concerns that do not involve fraud or violations of law, the following procedures should be utilized until resolution of the concern is achieved:

- First, workforce members are encouraged to contact their direct supervisor/manager unless there are circumstances that preclude them from doing so. The workforce member’s supervisor/manager is in a good position to listen to and understand the concerns one may have and should be given the opportunity to resolve the issue. The supervisor/manager has access to resources throughout the hospital to assist in upholding the Compliance Standards of Conduct.
- Second, if a workforce member has raised an issue and does not think

it is getting proper attention, or if the supervisor/manager cannot find the appropriate answer, the workforce member may relate their concerns to the next level of management.

- Third, the workforce member may seek guidance from the Human Resources Department, and/or the appropriate executive staff member.

If assistance is still needed, call the MCHS Compliance Line at 1-800-805-1642.

Before calling the Compliance Line, the workforce member should ask oneself the following questions:

- Do I have all the facts?
- If I need more information, where do I find it?
- Are there any laws, regulations, policies or procedures that apply to the situation?
- Have I followed normal procedures to try to resolve my concern?

In addition, the Compliance Officer may be reached at (432) 640-1900, or you may write to the Compliance Officer at:

Chief Compliance and Privacy Officer
Medical Center Health System
P. O. Box 7239
Odessa, Texas 79760

MCHS COMPLIANCE STANDARDS OF CONDUCT

CERTIFICATION OF RECEIPT AND UNDERSTANDING

I, _____
(Print Name)

(Position)

(Employee/Medical Staff/ MCHS Board of Directors Member/
Volunteer/Contractor/Vendor/Agent)

I hereby certify that I have received the MCHS Compliance Standards of Conduct and participated in Compliance Standards of Conduct Training, and understand that compliance with the provisions of the Standards of Conduct is mandatory. If I have any question concerning the principles in the Compliance Standards of Conduct or any other MCHS policy or procedure, I will discuss my questions with my supervisor or other appropriate resource to obtain a clear understanding of my responsibilities.

I also certify that I have been informed that all Protected Health Information (PHI) in the systems at MCHS will be monitored for access and all inappropriate access will be reported to the Chief Compliance and Privacy Officer and my supervisor.

(Signature)

(Date)