



## Code of Excellence

A Guide to Ethical and Professional Conduct  
for Employees and Medical Staff



GREENVILLE  
HEALTH SYSTEM

## IMPORTANT NOTICE

- IF YOU ARE AN EMPLOYEE OF GREENVILLE HEALTH SYSTEM (GHS), YOU MUST READ THIS ENTIRE CODE OF EXCELLENCE. IF YOU HAVE QUESTIONS ABOUT ANY PROVISION OR ITS REQUIREMENTS, PLEASE CONTACT YOUR SUPERVISOR, YOUR HUMAN RESOURCES COORDINATOR OR THE COMPLIANCE OFFICE. THEY, OR SOMEONE AT THEIR DIRECTION, WILL HELP ANSWER YOUR QUESTIONS.
- IF YOU ARE NOT AN EMPLOYEE, BUT PERFORM SOME OR ALL OF YOUR WORK FOR THE SYSTEM OR ON SYSTEM PROPERTY, YOU SHOULD READ AND FOLLOW THE CODE OF EXCELLENCE FOR CONTRACT PERSONNEL.
- THE PROVISIONS OF THE CODE OF EXCELLENCE ARE MANDATORY. COMPLIANCE WITH THE STANDARDS, POLICIES, PROCEDURES AND OTHER PROVISIONS CONTAINED IN THE CODE OF EXCELLENCE IS A CONDITION OF CONTINUED EMPLOYMENT OR ASSOCIATION WITH GHS.
- THIS DOCUMENT SUPERSEDES ANY CODE OF ETHICS BROCHURES PREVIOUSLY ISSUED BY GREENVILLE HEALTH SYSTEM, AND THUS ANY CODE OF ETHICS BROCHURES PREVIOUSLY ISSUED BY GREENVILLE HEALTH SYSTEM ARE HEREBY REVOKED.
- GHS RESERVES THE RIGHT TO OCCASIONALLY AMEND, MODIFY AND UPDATE THE CODE OF EXCELLENCE AND THE PROVISIONS SET FORTH IN IT.
- THIS DOCUMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT BETWEEN YOU AND GREENVILLE HEALTH SYSTEM. YOUR EMPLOYMENT WITH GREENVILLE HEALTH SYSTEM IS "AT WILL," MEANING THAT EITHER YOU OR GREENVILLE HEALTH SYSTEM MAY TERMINATE YOUR EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE.
- ONLY A DOCUMENT ENTITLED "CONTRACT" OR "AGREEMENT" AND SIGNED BY THE PRESIDENT OR HIS AUTHORIZED DESIGNEE CAN CREATE A CONTRACT BETWEEN YOU AND GHS OR ALTER YOUR "AT-WILL" EMPLOYMENT RELATIONSHIP WITH GREENVILLE HEALTH SYSTEM.

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## Dear Physicians and Employees working at, with or on behalf of GHS,

Greenville Health System and Greenville Health Corporation (together referred to as “GHS”) is proud to provide high-quality health care with integrity, compassion and the highest ethical standards. Our Corporate Compliance Program demonstrates our commitment to abide by the laws, rules, regulations and policies that govern the provision of healthcare services.

As a crucial part of the Corporate Compliance Program, this booklet has been developed to summarize many of the rules, policies and requirements of ethical and compliant behavior to be followed by all who work for or with GHS.

Everyone at GHS, including contractors and suppliers, will be provided a copy of this *Code of Excellence*. Everyone is required to read, understand and follow it. Everyone also is required to report to GHS anything he or she believes to be wrong or in violation of a law or policy.

Several methods are available to report ethical or legal concerns, including reporting to Management, Human Resources or the Compliance Office. GHS does not tolerate employees, contractors or other persons who retaliate against a person who makes a good faith report under this policy. We make every effort to handle reports confidentially. In addition, we have a toll-free Compliance Hotline by which a report can be made anonymously by phone.

We look forward to working with you at GHS to provide stellar care in an ethical, legal and proper manner.

Sincerely,



**James C. Morton Jr.**  
*Chairman, Board of Trustees*



**Michael C. Riordan**  
*President and Chief Executive Officer*



## GHS Vision, Mission and Values

### GHS VISION

Transform health care for the benefit of the people and communities we serve.

### GHS MISSION

Heal compassionately. Teach innovatively.  
Improve constantly.

### GHS VALUES

Together we serve with integrity, respect, trust and openness.

The GHS Corporate Compliance Program (“Compliance Program”), which includes this *Code of Excellence* (“Code”), applies to Greenville Health System and its affiliated entities and organizations, including Greenville Health Corporation. Together, Greenville Health System and Greenville Health Corporation are referred to in this Code as “GHS” or “the System.”

The Compliance Program, described in detail below, requires that all GHS employees, trustees, physicians, allied healthcare providers, agents and contractors (“employees and associated persons”) comply with this Code and all the laws, rules, regulations and policies applicable to them in connection with the performance of their professional responsibilities for or on behalf of GHS or with business transactions involving GHS.

The Code sets forth the System’s commitment to comply with the laws, rules and regulations that apply to the healthcare industry and to provide high-quality service to our community. The Code is intended to ...

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

## Policies

The purpose of the Code and of GHS’ policies and procedures is to help those working for GHS understand what is required of each individual. Policy sources include the following:

- The *GHS Manual of Policy Directives* (applicable System-wide to all employees)
- Other manuals (applicable System-wide to all employees) such as the *GHS Infection Control Manual* and the *GHS Safety Manual*
- Departmental policies and procedures (applicable to the employees of the specific department and any employees and/or associated persons who enter that department on GHS business)

All employees need to become familiar with and follow all applicable System-wide policies and procedures as well as all applicable departmental policies and

procedures. If you are a member of the Medical Staff, you are required to become familiar with and comply with System-wide policies, your professional requirements and responsibilities, and GHS Medical Staff Bylaws and policies, as well as any departmental policies and procedures applicable to the services you provide at GHS.

## Compliance Is Mandatory

Any employee, physician or associated person who, by action or inaction, does not comply with this Code or other applicable policies, laws, rules and regulations may be subject to disciplinary action. Such action may range from a verbal warning to being terminated from the System in accordance with our Human Resources Disciplinary Policy or policies relating to contractors or the Medical Staff Bylaws, as the case may be.

### If You Need Clarification

If any part of this Code is unclear to you or if you have a compliance matter or concern about an ethical or legal situation you may be facing, you may seek help in several ways:

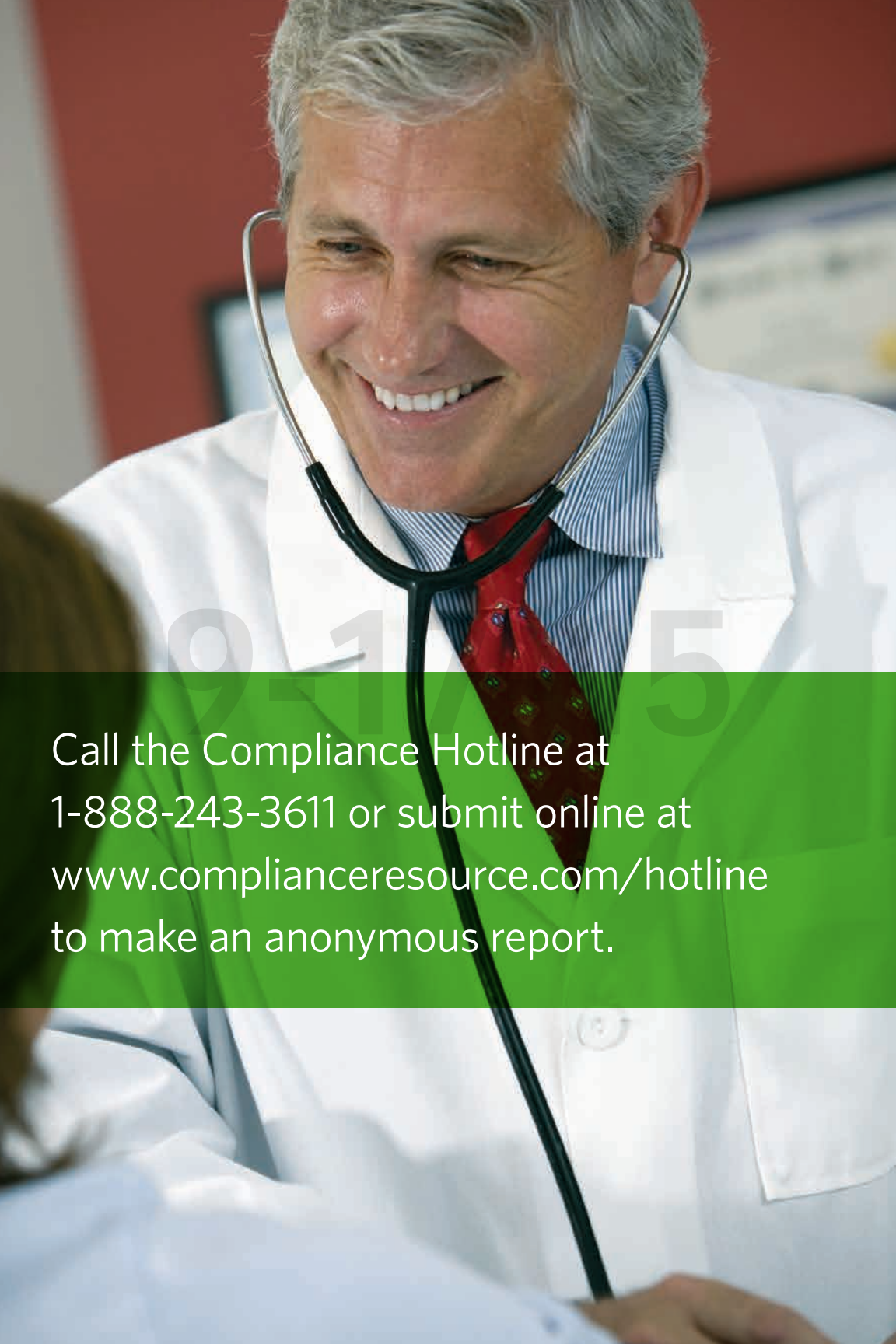
- Talk with your supervisor or your departmental compliance manager
- Talk with your Human Resources coordinator
- Review the *GHS Manual of Policy Directives*
- Talk with the Compliance Office
- Call the toll-free Compliance Hotline (which you may call anonymously)

## To Report Compliance Concerns

- All employees are required to report any law, regulation, policy or part of this Code they believe may have been broken. Not reporting such information may lead to disciplinary action, including termination.
- Reports may be made to Management, Human Resources, Corporate Compliance or the Compliance Hotline. Complaints may be made anonymously.
- Alert Management, Human Resources or the Compliance Office of possible illegal and unlawful acts, so they can be reported to the proper authorities.

### To Contact the Compliance Hotline

Call the Compliance Hotline at 1-888-243-3611 or submit online at [www.complianceresource.com/hotline](http://www.complianceresource.com/hotline) to make an anonymous report.



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## Non-retaliation

In compliance with federal and state laws that have served as the basis for these policies, GHS will not take retaliatory action against an employee or other associated person because he or she in good faith ...

- Has disclosed information about a situation the person believes is a violation of the policies or is illegal
- Has provided information in connection with an investigation of a complaint of a policy violation or illegal conduct
- Has objected to or refused to participate in any activity that is in violation of federal and/or state law, GHS policy or accreditation requirements
- Is involved in any compliance review or peer review process
- Has filed a valid or legitimate report, complaint or incident report

## Service Quality/Patient Care

GHS, and therefore all employees, shall provide medically necessary care without regard to ethnicity, race, color, national origin, religion, sex, age, disability, sexual orientation or ability to pay. Decisions about medical care are based on medical appropriateness.

GHS, and therefore all employees, shall treat everyone involved—patients, families, co-workers, members of the medical community and volunteers—with compassion, courtesy and respect. GHS, and therefore all employees, shall listen to their concerns and offer encouragement and comfort.

The people GHS serves should be informed about their medical condition and have input into their plan of care. Information on treatment/care, diagnosis and delays in care should be discussed with them by appropriate hospital staff.

GHS, and therefore all employees, shall respect the rights of the people it serves, including ...

- Access to care (using available health services)
- Respect and dignity (taking personal values and beliefs into account)
- Privacy and confidentiality (respecting personal privacy and confidentiality of patient information)
- Personal safety (following safe hospital practices and maintaining a safe environment)
- Identity of staff providing care (providing the name and professional status of care providers)

## Laws, Rules and Regulations

GHS, and therefore all employees, shall conduct business ethically and comply with all federal, state and local laws, rules and regulations related to the delivery of healthcare services. GHS, and therefore all employees, shall comply with all other statutory and regulatory requirements that apply to each person and the organization's professional responsibilities, including but not limited to ...

- Conditions of participation for federal healthcare programs as outlined by the Centers for Medicare and Medicaid Services (CMS)
- Requirements of The Joint Commission accreditation standards
- Regulations related to our professional certification requirements

All GHS employees must continuously strive to conduct themselves appropriately and professionally, in compliance with laws and regulations and to avoid problems that may result from such misconduct or failure to comply with applicable laws. GHS has implemented policies and procedures intended to detect and prevent fraud, waste and abuse, which include federal and state healthcare programs.

### Contact With Government and Outside Investigators

GHS is committed to fulfilling its responsibilities to the community in an environment based on ethical behavior and in full compliance with applicable state and federal laws. From time to time, however, there may be instances when external government agencies may have reason to review or investigate GHS activities. In these situations, the institution, individual employees and patients have legal rights that must be protected.

If you are contacted by an external government agency regarding GHS business, immediately notify your supervisor and GHS' Compliance Office. If the contact is made at home, without a search warrant or subpoena, you should request that the agent or investigator contact you at work the next business day, then immediately contact your supervisor and the GHS Compliance Office. Under no circumstances should you provide any information without properly authenticating the investigator's credentials and the legitimacy of the request.

### Stark Law

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facilities. A critical federal law is commonly referred to as the Stark Law. It is important that physicians and those of us who interact with them—particularly in making payments to physicians for services rendered, providing them with space or services, recruiting physicians

to the community and arranging for them to serve in leadership positions in hospitals—are aware of the requirements of the laws, regulations and policies that address relationships between hospitals and physicians.

If relationships are properly structured but not diligently managed, failure to administer the arrangements as agreed may result in violations of the law. Any arrangement with a physician must be structured to ensure compliance with legal requirements, GHS policies and procedures, and any operational guidance that has been issued. Most arrangements must be in writing and reviewed by counsel representing GHS. Failure to meet all requirements of these laws and regulations can result in serious consequences for GHS.

### **Anti-Kickback Statute**

The anti-kickback statute is a prohibition against payments (in any form, whether direct or indirect) made purposefully to induce or reward the referral of items or services reimbursed by any federal healthcare program (e.g., Medicare, Medicaid), or to solicit or accept something of value in exchange for such referrals. It covers not only the offer or payment of value for patient referrals but also the offer or payment of anything of value in return for purchasing, leasing, ordering or arranging for or recommending the purchase, lease or ordering of any item or service reimbursed (in whole or part) by a federal healthcare program.

GHS, and therefore employees, should never give or offer anyone something of value in hopes of getting referrals or as a reward for referrals, or solicit or accept something of value in exchange for referrals. The “something of value” doesn’t have to be just money. It also can be services, gifts, entertainment or anything else that would be attractive to a recipient.

- No employee should pay for patient referrals. Accept patient referrals and admissions based solely on the patient’s medical needs and our ability to render the services. Do not pay or offer to pay anyone—colleagues, physicians or other persons or entities—for referral of patients.
- Do not accept payments for patient referrals. No GHS employee is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, do not take into account the volume or value of referrals that the provider has made (or may make) to GHS.
- Purchase, lease or order goods and services based on the System’s and the patient’s needs. Do not solicit or accept kickbacks or impermissible rebates or anything of value for the purchase, lease or contract of any such goods or services.

## **False Claims Act**

To prevent any possible violation of the False Claims Act (FCA), do not submit or present for payment or approval any claim that is false, fictitious, exaggerated or fraudulent. If you discover that an error in billing has occurred, report it to Management or the Corporate Compliance Office immediately.

Make every attempt to bill for only those goods or services that were actually provided and to properly code every service or supply. If personal knowledge is required to fill out a form, complete the form only if you have that personal knowledge. Any claim, bill or code that contains an error, if discovered prior to submission, should be corrected before submission, if possible. If the error is discovered after submission, it must be reported to GHS' Compliance Office.

## **Fraud, Waste and Abuse**

Fraud encompasses a wide array of acts—including embezzlement, misappropriation or other financial irregularities—characterized by intentional deception. People inside or outside of GHS can perpetrate fraud for the benefit of, or to the detriment of, GHS. Fraud can take many forms, such as forging or altering GHS documents, buying personal items with GHS funds, padding travel expenses and embezzling or stealing checks or cash. Department heads and primary business administrators and other employees who have financial responsibilities should institute internal controls to prevent and detect fraud. Report suspected fraud immediately to your supervisor, the Compliance Office or the Compliance Hotline. GHS will thoroughly investigate suspected instances of fraud.

Waste is the spending of money or use of resources in a careless or in an inefficient manner. Buying items not needed or paying too much for items are common forms of waste. Discarding usable property and carelessly allowing property to be damaged or destroyed are other forms of waste. Waste includes inefficient or excessive use of expendables such as copier paper, heating, cooling or electricity. Be conscious of possible waste. Avoid using GHS resources carelessly. If you see wasteful conditions in your work area, bring them to the attention of your supervisor or the Compliance Office.

Abuse can be defined as improper or excessive spending or use of resources. Abuse may not entail violation of any law, regulation, contract provision or grant stipulation. Abuse results in failure to meet the public's expectations for prudent conduct, and it damages the credibility of the System. For example, abuse can include buying extravagant furnishings for offices or conference rooms, holding expensive dinners or staging conferences in exotic places. Though these practices

may not be illegal, they waste valuable resources and erode public confidence in the System. They must be avoided.

## **Confidentiality and HIPAA**

In 1996, the Health Insurance Portability and Accountability Act, now known as HIPAA, was signed into law. The purpose of HIPAA is to improve the efficiency and effectiveness of the healthcare system and to require reasonable protection of personal health information.

HIPAA privacy regulations are intended to protect medical records and other personal health information—in all forms—maintained by healthcare providers, hospitals, health plans, health insurers and healthcare clearinghouses. Under HIPAA privacy standards, patients have increased control over the use and disclosure of their health information and are guaranteed certain rights regarding their health information. These rights include the following:

- The right to access to protected health information (PHI)
- The right to request amendments of PHI to correct inaccuracies
- The right to receive notice of privacy practices
- The right to request restrictions of the uses and disclosures of PHI
- The right to request information about how confidential communications are handled
- The right to receive an accounting of disclosures

### ***General guidelines for compliance with the HIPAA Privacy Rule:***

- The HIPAA Privacy Rule was not designed to limit the information used to treat a patient. If not disclosing a patient's information would delay treatment or decrease the quality of treatment, disclosure is not likely to be a privacy violation.
- Use reasonable safeguards to protect patients' health information. Examples of reasonable safeguards include turning computer screens away from public view, using strong passwords and not discussing patient health information in elevators, cafeterias and other public places.
- Pay attention to detail to avoid inadvertently disclosing private health information by use of an incorrect fax number or through failure to confirm the proper identity of the patient.
- Use confidential information (whether medical, staff-related, business, financial or personal) only as needed to do your job. Share information only as needed to do your job and release information only as required by the operations and business affairs of the System with approval of Management.

***Additional confidentiality considerations:***

- Protect the confidentiality of information in computer systems and be responsible for information obtained through your Logon ID. Do not share your Logon ID.
- Share information about computer software, its design or its operation only as necessary to do your job.
- Respect the confidentiality of the prices, terms and conditions of sale that suppliers submit to the System. This information is shared only internally and on a need-to-know basis.



## Electronic Communications

Electronic communication systems made available to employees and associated persons are provided for the efficient completion of work-related assignments and remain GHS property. Therefore, such electronic communications are to be used primarily to conduct GHS business.

Although users may be assigned individual passwords, all email messages, voice mail messages, Internet access, computer files or other electronic communications are GHS records. The content of all electronic communications properly obtained for legitimate business purpose may be disclosed without permission of the employee. Therefore, users have no reasonable expectation of privacy with respect to communications transmitted by GHS-owned electronic communications systems, and all such messages remain GHS property. Electronic communications are accessible at all times by GHS and may be monitored at any time for any business purpose.

## Property

- Supplies, equipment and property bought and owned by the System should be used only for business purposes unless otherwise authorized by Management. Unauthorized use of System property is considered theft.
- System supplies and equipment should be protected against loss or abuse, including supplies and equipment used for direct patient care and those used by departments in day-to-day business.
- Used equipment, supplies and materials should be disposed of in the manner approved by Management and according to laws and regulations.
- Computer software and hardware that the System owns or operates to conduct System business should be used only pursuant to and consistent with the requirements of software copyright licenses.
- All hardware and software analysis, design, coding, testing, installations, upgrades and/or changes belong to the System unless a contract states otherwise.
- All intellectual property, including patents and inventions, belong to the System unless otherwise agreed to.

## Hiring or Retention of Excluded Individuals or Entities

The System does not knowingly hire, retain, employ or contract with individuals or entities that have been excluded from participation in any government program. Similarly, GHS will not knowingly conduct business or continue to conduct business with any individuals or entities (whether independent contractors, subcontractors, suppliers or vendors) who have been excluded from participation in any government program.

An appropriate background search as required by GHS policies will be performed for each new GHS employee or proposed employee. Retention or contracting of independent contractors, vendors and/or other business associates must be conducted in compliance with GHS policy regarding exclusion from government programs. Employees and associated persons shall advise Human Resources or the Compliance Office if any action is taken that impacts or limits their eligibility to participate in government programs.

## Harassment and Disruptive Behavior

- The System maintains an environment free from harassment, including harassment based on race, color, national origin, religion, sex, age, veteran status, marital status, or physical or mental disability.
- Harassing conduct or disruptive behavior (as described in GHS Policy S-010-20) in the workplace, whether physical or verbal, is prohibited.
- Please be aware that unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature may constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or education, (2) submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting that individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

## Equal Opportunity

- GHS is an equal opportunity employer.
- Discrimination of any kind based on race, color, national origin, religion, sex, age, veteran status, marital status, or physical or mental disability is not allowed. This applies to employment, education, providing services to the public and working with System employees.





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## **Drug-free Workplace**

- GHS maintains a drug-free workplace. No employees or associated persons should report to work or work while under the influence of controlled or illegal substances or substances of abuse.
- To use, own, make, sell, distribute or provide any substance of abuse or associated item illegally on company property is not allowed.

## **Environmental Health and Safety**

- GHS is committed to providing a safe and healthy work environment. At the core of any safe and healthy work environment is having all employees and associated persons follow rules and regulations related to environmental health and safety, including the use of buildings, property, laboratory processes, chemicals and materials, and medical equipment products.
- All employees and associated persons should practice safety in daily activities by using best practices, engineering controls (fire doors, needle boxes, etc.) and personal protective equipment to ensure their safety and the safety of others.

- All employees should report all incidents and accidents involving people, products, property and care. Part of the purpose of reporting is to improve quality and avoid similar accidents.
- Any suggestions for how to make GHS safer and healthier are welcome and may be directed to your supervisor, GHS' Human Resources Department or to the Corporate Compliance Office.
- Supervisors, managers and administrators have additional responsibilities for maintaining a safe and healthy environment. They create and put in place practices that promote health and safety and orient and train employees and associated persons in these practices on an ongoing basis.
- Because of the work being performed at GHS, the System stores drugs, pharmaceuticals and radioactive materials. GHS strives to store and use these products safely and in conformance with all rules and regulations related to the product(s). GHS strives to keep proper inventory records for these products. If you use or consume any of these materials as part of your work for GHS, notify the GHS employee responsible for tracking inventory and storage of these products. If you discover that materials or products are missing or have been taken improperly or stolen, report this information to GHS management or the Compliance Office immediately.
- All employees are expected to dispose of medical waste, environmentally sensitive materials (batteries, cleaning fluids, etc.) and other hazardous material correctly.
- All employees are expected to practice good hygiene and other commonsense practices that reduce the risk of spreading infection and disease, such as hand washing, isolation and other work practice controls.
- All employees are expected to familiarize themselves with GHS' disaster and code situations and to know their duties for each situation.

## Conflicts of Interest

GHS employees are generally prohibited from engaging in any activities that could reasonably be expected to create a substantial conflict between the employee's private interest and his or her responsibilities as a public employee. This includes participating directly or indirectly in a business interest, engaging in a professional activity or incurring an obligation that might reasonably tend to influence one's discharge of official duties. GHS employees are generally prohibited from transacting official GHS business with business entities for which they also serve as officers, agents or board members. And GHS employees may not conduct official GHS business with businesses in which they also own a substantial interest.

GHS has a Conflict of Interest Policy. It can be found on Plexus in the online *Manual of Policy Directives*. It is designated "S-15-3 Conflict of Interest Policy." Also important is the related Individual Conflict of Interest Disclosure Statement (Disclosure Statement). Management and physicians must complete the Disclosure Statement annually; others are required to complete it if and when a possible conflict of interest situation arises. All employees need to become familiar with this policy and to comply with its terms. Whenever in doubt regarding a possible conflict of interest, you must complete the Disclosure Statement and review the matter with your supervisor.

**The following Conflict of Interest rules apply to all employees:**

- Do not conduct business with GHS on your own behalf or on behalf of a business you own or are employed by without express approval pursuant to the provisions of the Conflict of Interest Policy.
- Disclose any and all outside interests that may present a possible or apparent conflict of interest as set forth in the Conflict of Interest Policy.
- Avoid situations where actions or inaction may conflict with the best interests of the patient or GHS.
- Decline any and all personal gifts or benefits from patients, families, suppliers or agents that are meant to, or which may appear to, influence you in doing your job.
- Do not ask for personal gifts of any kind from the people GHS serves or their families, or from GHS' suppliers, potential suppliers or agents, or the employees and associated persons of a supplier. (The term "supplier" applies to anyone providing goods and/or services to the System.)
- Discuss outside employment opportunities with Human Resources and your supervisor if a potential conflict of interest may exist. (Managers are required to report any outside employment.)
- Do not hire family members to be under your direct supervision or influence the employment, appointment, promotion, transfer, advancement, raise or disciplinary action of a relative within GHS.
- Do not personally own a business, deal with family or friends who own a business or share any information that impacts your decision-making or creates a reduction in competition.
- Do not use any GHS facilities, equipment or resources for any personal use, including, but not limited to, any political campaign or related activity.
- Do not invest in competitors' or suppliers' businesses other than to hold stock in a publicly traded corporation.



## Research With Human Participants

Safeguarding human participants in research is of utmost importance. When designing a study, investigators should think first about the study's impact on human participants. If you are involved in human participant research, you must have training in the policies protecting the rights and welfare of human participants in research. This requirement applies to all employees and associated persons who conduct or collaborate in research using human participants or private information about humans.

GHS has several Institutional Review Committees (IRC) that maintain training records for determining the investigator's qualifications for conducting human participant studies. You must have on file proof you have taken the training if you ...

- Interact directly with participants in any aspect of a research activity
- Conduct or supervise research using human participants or containing protected health information about human participants and you use any property or facility belonging to GHS
- Use non-public information kept at GHS to identify or contact human research participants or prospective participants
- Collaborate on any part of a research activity using human participants conducted at GHS

- Have access to participants' research records, to the identity of participants in research or to medical records or other protected health information used in a research activity

Consult the appropriate IRC for details about training options.

## **Finance and Billing**

- Bill only for care and services provided that are properly authorized and documented as medically necessary in the medical record
- Maintain all billing records accurately and truthfully in compliance with applicable regulations and record retention requirements: Billing information should be handled according to laws and regulations related to confidentiality
- Never misrepresent services, supplies and equipment furnished to avoid coverage limits or to increase payments
- Understand that certain government regulations and many insurers require that customers (beneficiaries) be billed for co-insurance and deductibles; therefore, we do not routinely write off these costs
- Report concerns regarding the appropriateness of System billing practices to Management or to the Compliance Office
- Answer billing questions, correct billing errors and alert payers of errors in submitted bills appropriately and in a timely manner
- Provide charity care according to System charity guidelines based on family size, income and assets

## **Proper Accounting**

- All employees should strive for proper and accurate accounting for all GHS work: Financial records and statements should be prepared accurately and honestly according to generally accepted accounting principles
- All employees should follow all administrative and internal control procedures (checks and balances) that safeguard the assets and funds of the System, check the accuracy and reliability of accounting data and ensure that we follow laws and regulations
- All employees should cooperate fully with internal and outside auditors and any regulatory agencies, after appropriate verification of authority and scope have been determined, during any and all examinations of System books and records
- All employees always should obtain legal review of contracts with outside vendors, doctors, payers and consultants

## **Cost Reports**

GHS is required by laws and regulations to submit certain reports of its operating costs and statistics. All employees should comply with these laws, regulations and guidelines relating to all cost reports. These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of certain services provided to program beneficiaries. Given their complexity, all issues related to the completion and settlement of cost reports must be communicated to or coordinated with the GHS Reimbursement Department.

## **Retention and Disposal of Records**

GHS recognizes the need for orderly management and retrieval of all official records and maintains an active and continuing records management program in compliance with GHS policy and state and federal requirements. The program identifies confidential and vital records and ensures appropriate retention and disposition. Do not remove or destroy official records (including electronic information), except in accordance with the approved retention and disposition policy. Any records under pending or active investigation may not be disposed of or destroyed until the investigation is completed and the pre-designated retention period is satisfied. If you have questions about specific record retention requirements, contact the Compliance Office.

## **Marketing**

Marketing and advertising information always should be truthful and should never intend to mislead. Claims about System services always should be based on facts.

## **Compliance Office**

The Compliance Office develops, implements and operates the Compliance Program. The purpose of the Compliance Program is to develop a culture that promotes ethical behavior, helps resolve ethical and regulatory issues within the System, and bolsters the System's commitment to the highest standards and to compliance with all applicable laws, regulations and GHS policies and procedures. The Compliance Program is designed to prevent, detect and correct violations of the laws and policies applicable to GHS.

## **Structure**

The GHS Board of Trustees, Audit Committee of the Board of Trustees, Compliance Officer, Corporate Compliance Committee, departmental compliance managers, campus compliance officers and the Compliance Office staff all provide oversight for the Compliance Program. All these individuals or groups are prepared to support you in meeting the standards set forth in this Code.

## **Measuring Program Effectiveness: Audits and Self-monitoring**

GHS is committed to assessing the effectiveness of the Compliance Program through various means. Much of this effort is provided by the Compliance Office, which routinely conducts audits of issues that have regulatory or policy compliance implications. In addition, each GHS Campus and, in most cases, Department, has its own Campus or Departmental Compliance Program under which it is required to conduct self-monitoring in support of regulatory and policy issues.

## **The Compliance Office**

Employees can contact the Compliance Office for help in understanding System policies and regulations, determining appropriate System resources of information regarding policy and regulations, or reporting a concern related to ethics or policies.

## **Compliance Hotline**

The Compliance Hotline provides employees with a way to report their concerns confidentially or anonymously. Callers do not need to give their names or any other identifying information when reporting a concern. The Compliance Hotline is operated by an independent outside firm to further protect anonymity. Employees can report concerns without fear of reprisal.

Employees should call the Compliance Hotline to report concerns about possible unethical or illegal practices within the System. A report of the call is forwarded to the Compliance Office for investigation. We will make no attempt to discover the identity of anonymous callers, and we will maintain reasonable safeguards to protect the identity of callers who identify themselves but wish to maintain confidentiality.

To reach the Compliance Hotline, call 1-888-243-3611 or submit online at [www.complianceresource.com/hotline](http://www.complianceresource.com/hotline).

# Greenville Health System

701 Grove Road  
Greenville, SC 29605  
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# 9-17-15



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