



# Compliance Code of Conduct

2025 Annual Safety and Compliance Training (ASCT)

## **Core Learning Objectives of this course:**

Our Corporate Compliance Program is designed to ensure Methodist Health System (MHS) and our workforce members follow federal, state, and local laws and regulations, as well as internal policies and procedures.

Our Compliance Program:

- Demonstrates MHS's commitment to responsible and honest business conduct
- Encourages employees to report potential problems
- Increases the likelihood of preventing, identifying, and correcting unlawful conduct
- Helps mitigate damage in cases of non-compliance



The Corporate  
Compliance  
program has  
two main  
parts.

01

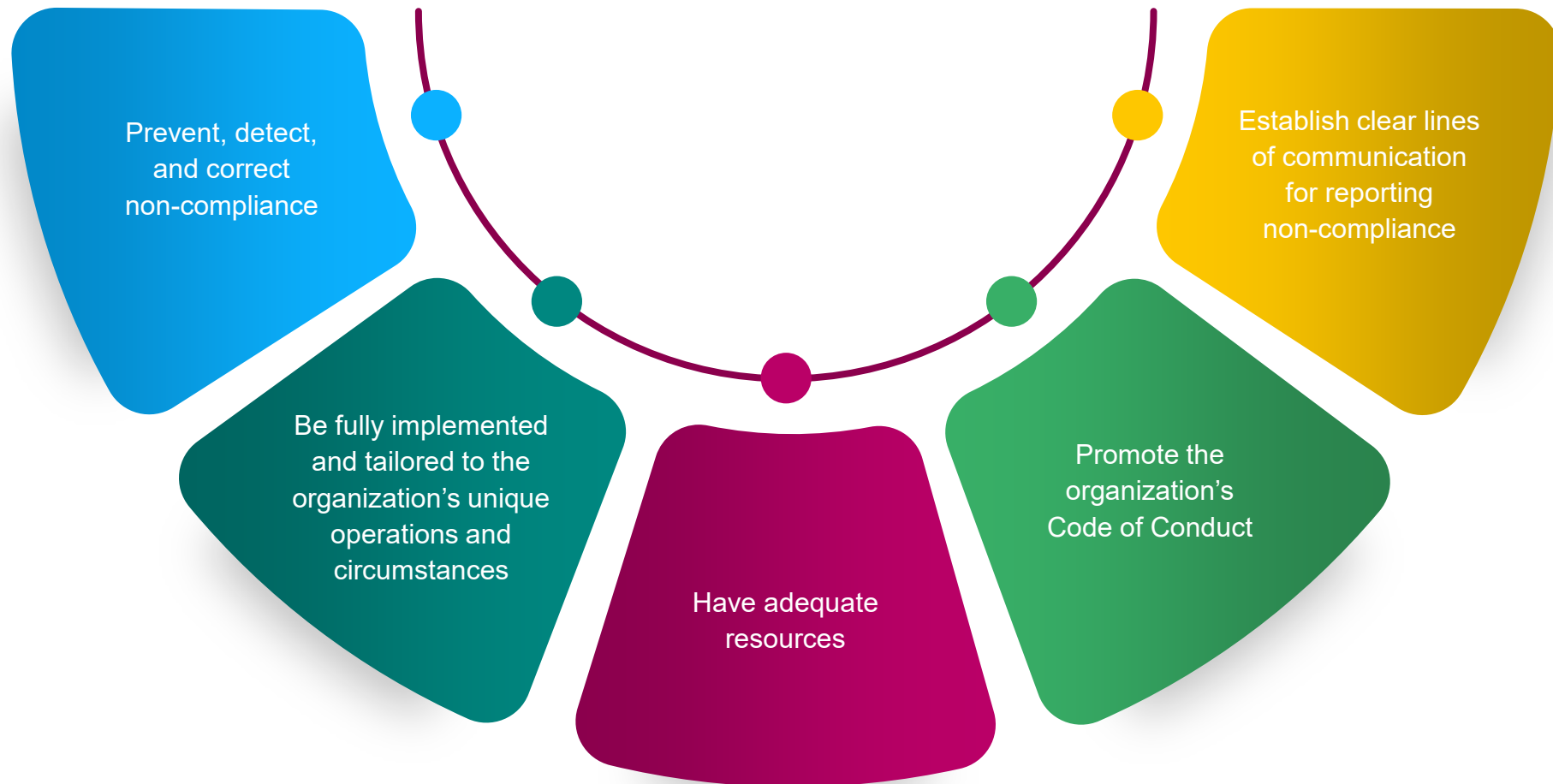
## Corporate Compliance Plan

You will learn more  
about this in another  
course.

02

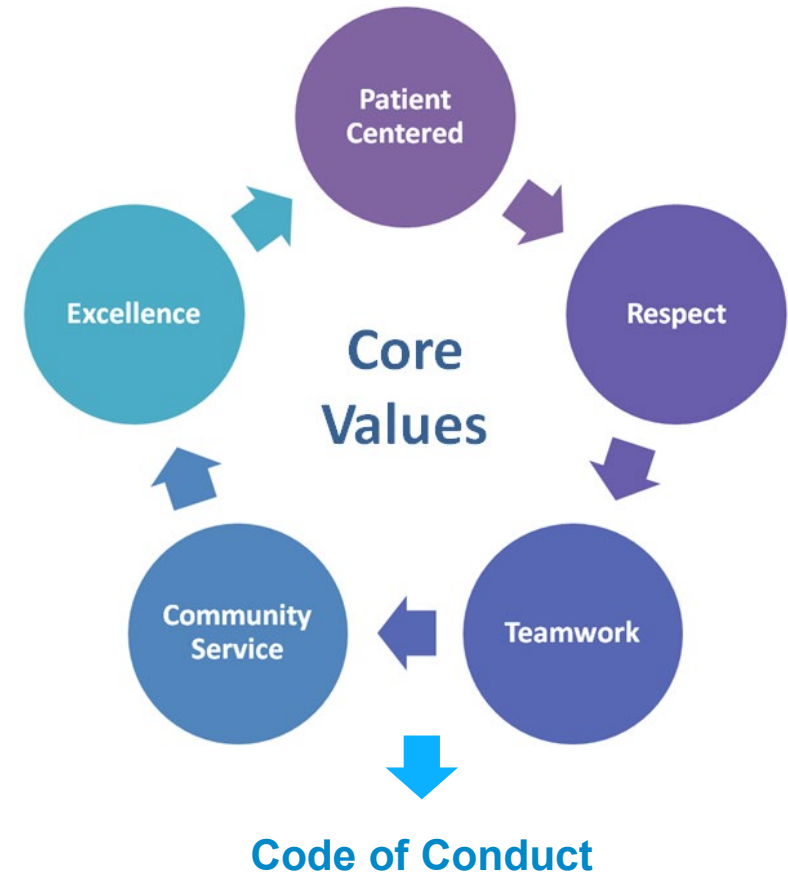
## Code of Conduct

## An effective compliance program must foster a culture of compliance within an organization and, at a minimum:



# MHS Culture

The MHS Code of Conduct provides an overview of the standards and principles that guide and define our roles and relationships as employees of Methodist Health System. Methodist's Mission, Vision and Core Values serve as the foundation for the Code of Conduct.



Code of Conduct, also called the “Code,” and related policies serve as the guiding pillars that govern our operations. It is important that you are familiar with, and follow, the Code and MHS policies, which issue guidance on the following:



Shared  
Responsibility

Quality of  
Care and  
Patient Safety

Confidentiality  
and  
Information  
Security

Legal and  
Regulatory  
Compliance

Business and  
Financial  
Information

Workplace  
Conduct and  
Employment  
Practices

Protecting organizational assets,  
including our most important asset –  
**YOU!**

## Ethical Guidelines

Honest, ethical, and professional conduct are essential components to our mission: ***Improving the health of our communities by the way we care, educate and innovate.*** We hold ourselves and each other mutually accountable for our actions.

# Shared Responsibilities

## Employee Responsibilities

Everyone should abide by the Employee Standards of Behavior.

1



Demonstrating professionalism at all times

4



Behaving with dignity and courtesy toward our patients, clients, coworkers, learners, and others in business-related activities

2



Displaying and promoting the highest standards of professional and ethical conduct

5



Being honest, fair, reasonable, and objective in our professional relationships

3



Acting with the competence, skill, and integrity expected of our professions



# Shared Responsibilities

## Leadership Responsibilities

Leaders should abide by the Leadership Standards of Behavior.

1



### Leadership

- Motivating, influencing, managing vision and purpose.
- Integrity and credibility, promoting change

4



### Communication

- Keeping people informed, being a coach

2



### Standards and Accountability

- Expectations, outcomes, accountability

5



### Developing People

- Outcomes, respect

3



### Planning and Decision Making

- Vision, financial stewardship, problem solving

6



### Building Relationships

- A culture of openness and truthfulness, collaboration

## Culture of Safety

**MHS is committed to assuring a work environment that supports our culture of safety.**

It is essential that no one engage in any behavior that may undermine the culture of safety. Some examples of activities that could jeopardize safety include:

Failure to report a  
potential  
medication error



Failure to safely dispose  
of sharps



Failure to wash your  
hands between patients



Failure to report water  
that has spilled in a  
hallway

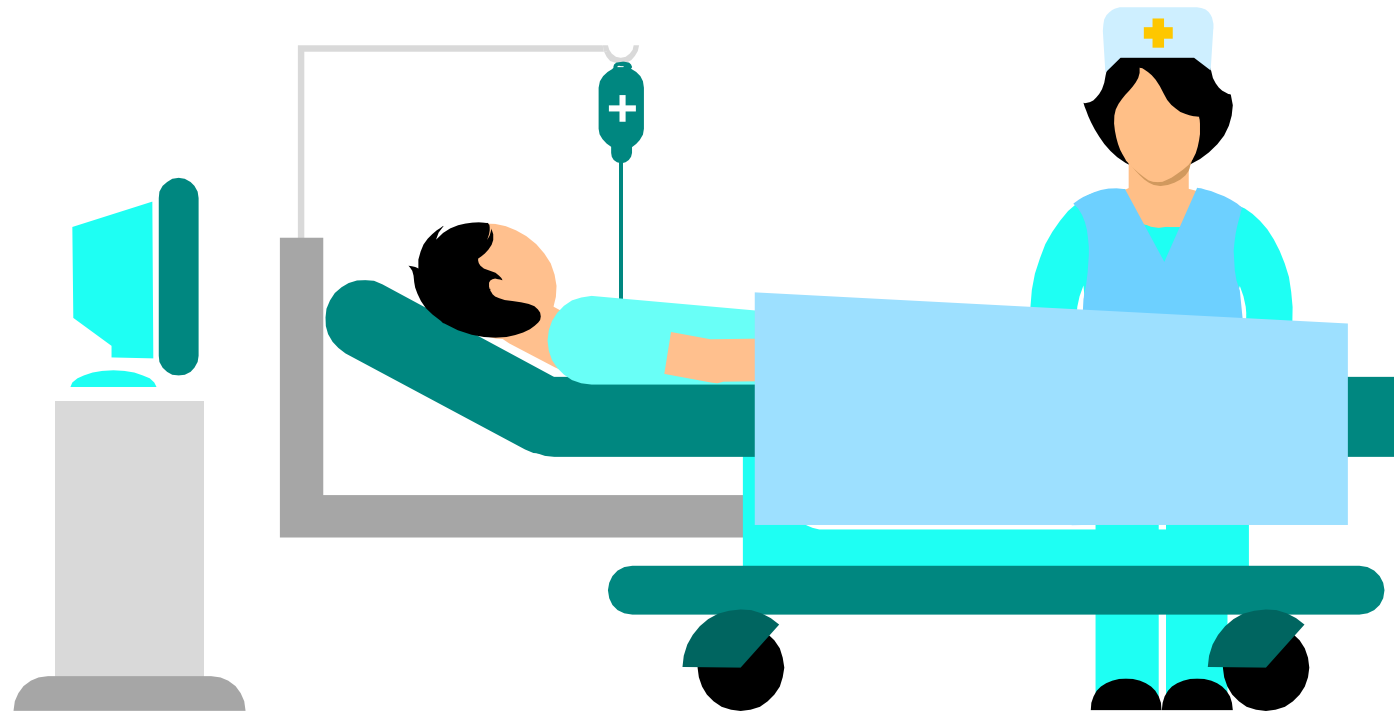


Failure to use proper  
lifting techniques or ask  
for help when lifting



## Patient Rights and Responsibilities

We respect the basic rights of patients to personal dignity and independence of expression, decision-making, and action. Patients have the right to always receive considerate and respectful care and under all circumstances, with the recognition of personal dignity and respect of religious and cultural beliefs.





## Environment of Care

Each of us is responsible for complying with environmental, health and safety laws and regulations.

Observe posted warnings

Report any accidents or injuries to your supervisor immediately

Visitor Involved Accident?	Notify <b>Security</b>
Patient Involved Accident?	Notify <b>Risk Management</b>
Employee Involved Accident?	Notify <b>Employee Health</b>



## Patient Confidentiality and Privacy

Confidentiality is the safekeeping of information by individuals who have a need, reason and permission to access such information.

Information about patients, employees, job applicants and MHS itself is confidential. Such information may only be accessed and/or discussed in the line of duty and only with those who have a work-related need to know.

Each department will further establish policies of access and/or release of confidential information relevant to their own environment.

***Any access and/or release of confidential information may be cause for corrective action, up to and including termination.***



## Social Networking and Technology

MHS employees may not disclose confidential or proprietary information about MHS, its patients, or its employees on social media (including, but not limited to, communications over the Internet, on personal websites or in online forums). We do not take or transmit photographs or records of patients, visitors or staff in the workplace except as permitted by our policies.

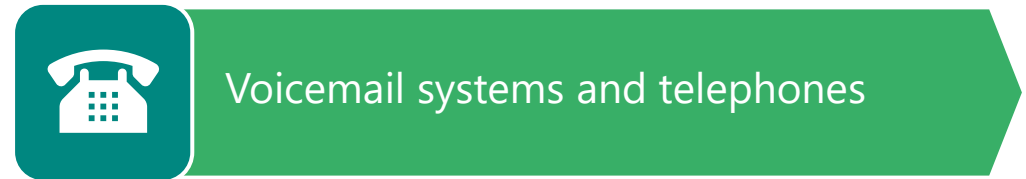
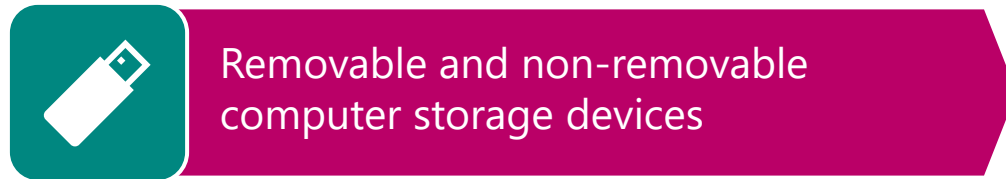
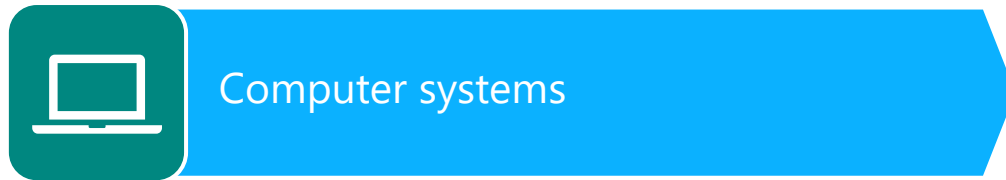
Cellular telephone use is prohibited during work time unless it is necessary in the performance of the employee's job or the employee is on break. The same guidelines apply to sending and viewing text messages.





# Information Systems Security

Information systems are those systems where data and/or voice information is processed or stored. Such systems include, but are not limited to:



All Health System employees and agents are bound by the provisions of the HIPAA Security regulations and all MHS policies related to those regulations.



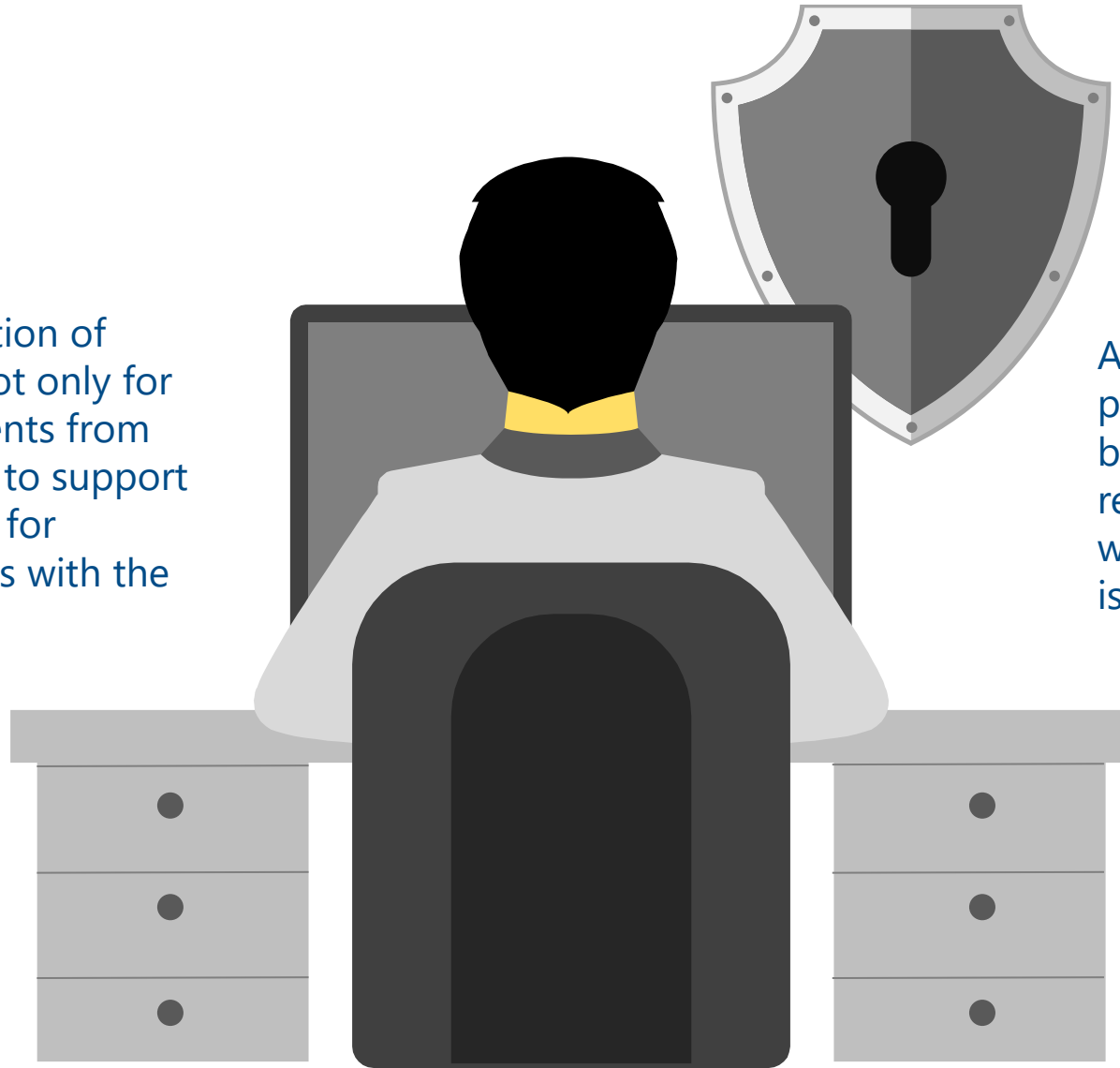
In order to protect patient information, medical records, and other confidential information, computers and similar devices are to be used primarily for authorized business purposes only.

All questions regarding IT usage and/or policies should be directed to the MHS Chief Information Security Officer.

MHS reserves the right to monitor and record the usage of all computing resources, including email and instant messages, as necessary to evaluate and maintain system efficiency, ensure compliance with MHS policies and applicable laws and regulations, and monitor employee productivity.

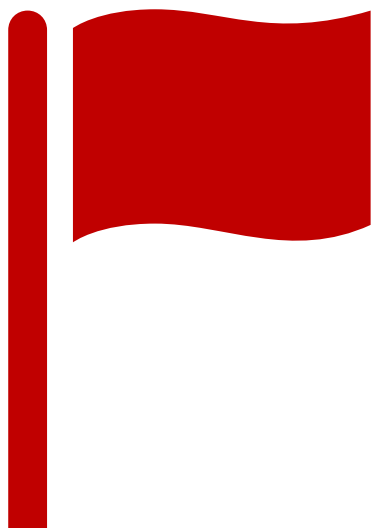
# Identity Theft Prevention

Appropriate identification of patients is essential, not only for the protection of patients from identity theft, but also to support the continuum of care for subsequent encounters with the same patient.



All employees play a part in preventing patient identity theft by identifying, recording, and reporting any red flags that would suggest a patient's identity is being stolen.

## Identity Theft Prevention



Red flags are patterns, practices, or specific activities that indicate the possible existence of identity theft.

# Identity Theft Red Flags



Identification documents that appear to have been altered or forged or that are not consistent with the appearance of the person presenting the ID



The name or SSN provided by the person is known by MHS to be the same as another person



Personal identifying information is provided which is known to be fictitious



A complaint or question is received from a patient that they received a bill for another person for a service that they deny receiving

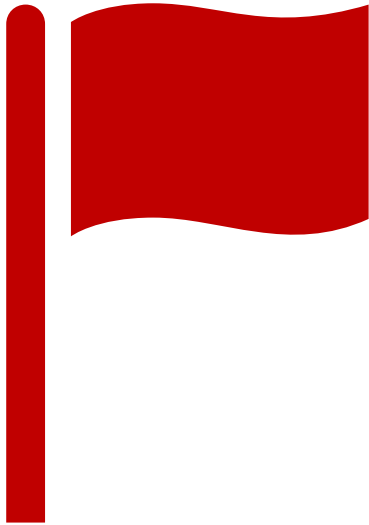


A patient or insurance company reports that coverage for legitimate MHS stays are being denied because insurance benefits have been depleted, or that a lifetime cap has been reached



A practitioner's review of medical history with the patient reveals that information in the record is inconsistent with the patient's stated history and may reflect that someone other than the patient has been treated under their identity

# Identity Theft Prevention



If you identify a red flag while interacting with a patient, during treatment, or while working with a patient's medical records, you should make a note of the red flag and report it to your supervisor or the Compliance Department for further investigation and record keeping.

# Fraud, Waste, and Abuse



## Fraud

Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any healthcare benefit program.



## Waste

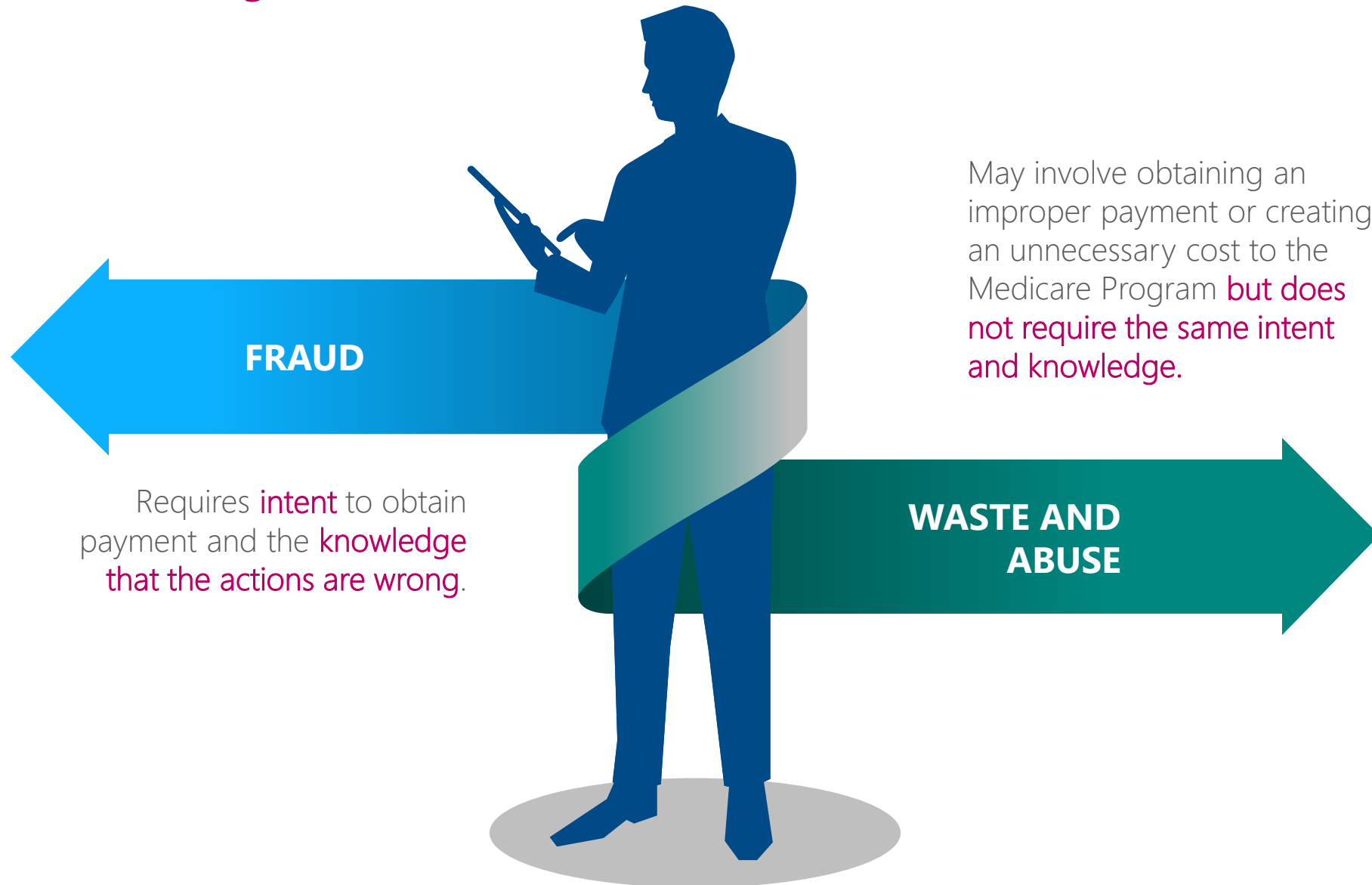
Practices that, directly or indirectly, result in unnecessary costs to the Medicare Program, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.



## Abuse

Actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

There are differences among fraud, waste, and abuse. One of the primary differences is **intent** and **knowledge**.





# Examples of Fraud

- Any dishonest action conducted with the intent to deceive.
- Forgery or improper alteration of any report and/or its supporting documentation.
- Authorizing or receiving payment for hours not worked.
- Improper write-off of an account of a relative or friend.
- Impropriety in the handling or reporting of money or financial transactions.
- Accepting or seeking anything of material value from vendors or persons providing services/materials to the company [exception: personal individual gifts with a total estimated value of \$75 and consumable (food) gifts given to a department or group on an occasional basis are not subject to any limits].
- Authorizing or receiving payments for goods not received or services not performed.
- Failing to disclose a potential conflict of interest situation.

## Examples of Waste

- Ordering excessive laboratory tests.
- Not taking advantage of available vendor prompt payment discounts.

## Examples of Abuse

- Unknowingly charging excessively for services or supplies.
- Using MHS equipment or supplies to conduct personal business.
- Using non-confidential information to get new customer(s) for own outside business.



## Physician/Referral Relations

It is the policy of MHS to comply with all applicable Federal and State laws and regulations relating to doing business with potential referral sources, including, without limitation, Stark Law and the Anti-Kickback Statute (AKS).

Generally, the Stark Law and AKS prohibit certain kinds of financial relationships and referral arrangements where federal healthcare programs are involved, though exceptions may apply. The Stark Law is a federal regulation with civil penalties, and the AKS is a criminal statute.



## Physician/Referral Relations

All employees, affiliated physicians, and agents of MHS who know of or suspect issues of non-compliance with the **Anti-Kickback Statute and Stark Law (Physician Referrals)** policy and procedure have an affirmative obligation to report such issues.

## Government Inquiries and Investigations

We cooperate with government inquiries as well as internal and external audits and investigations. When receiving non-routine requests, you should consult with the Legal and Compliance Department to ensure that requests are handled properly.

We are truthful in what we say. We never alter or destroy records in violation of the law.



## Accurate Medical Record Documentation

Medical records must be maintained for every person evaluated or treated at any MHS facility. All medical records must be legible, accurate and written timely, and should contain sufficient documentation to support the medical necessity of the services provided.



## Coding and Billing

MHS takes great care to ensure that all coding and billing is accurate and in compliance with all federal and state laws and regulations. MHS prohibits any employee or agent of MHS from submitting any claim for payment that they know is false or fraudulent. Deliberate misstatements to government agencies or other third-party payers will expose the employee to potential criminal penalties and disciplinary action.

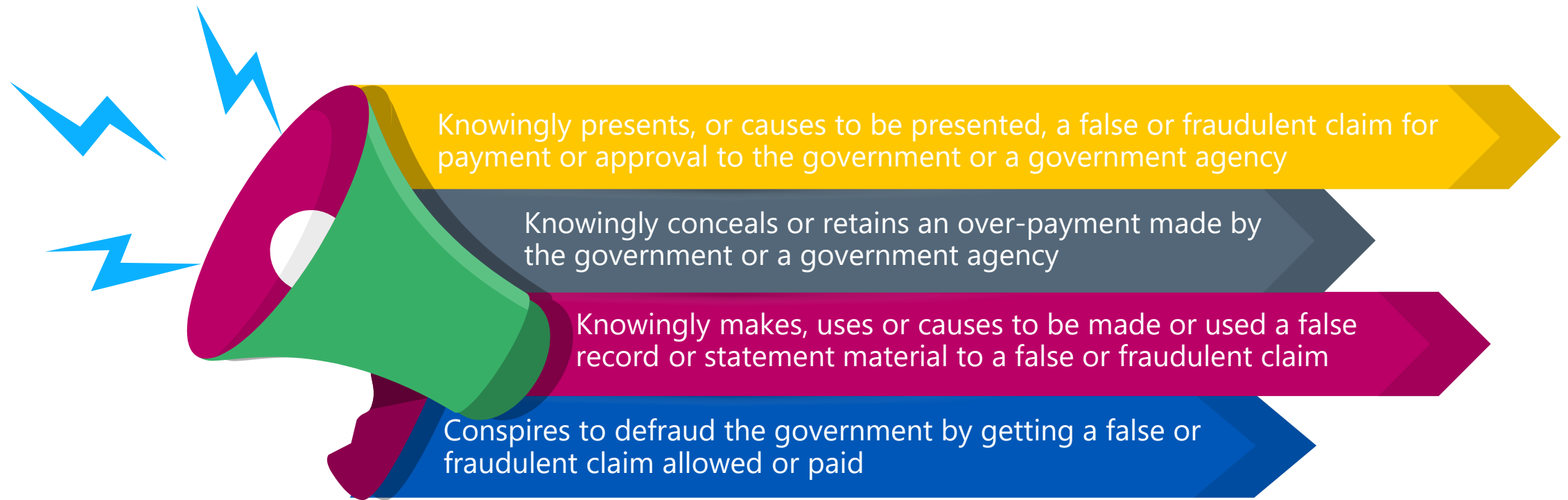
If you have any questions or wish to report any improper billing or coding, you should contact your supervisor, the Chief Compliance Officer, or the Compliance Hotline.





## False Claims Act, Reporting, and Whistleblower Protection

The False Claims Act is a federal law that allows a civil lawsuit to be brought against a healthcare provider who does any of the following:



## False Claims Act, Reporting, and Whistleblower Protection

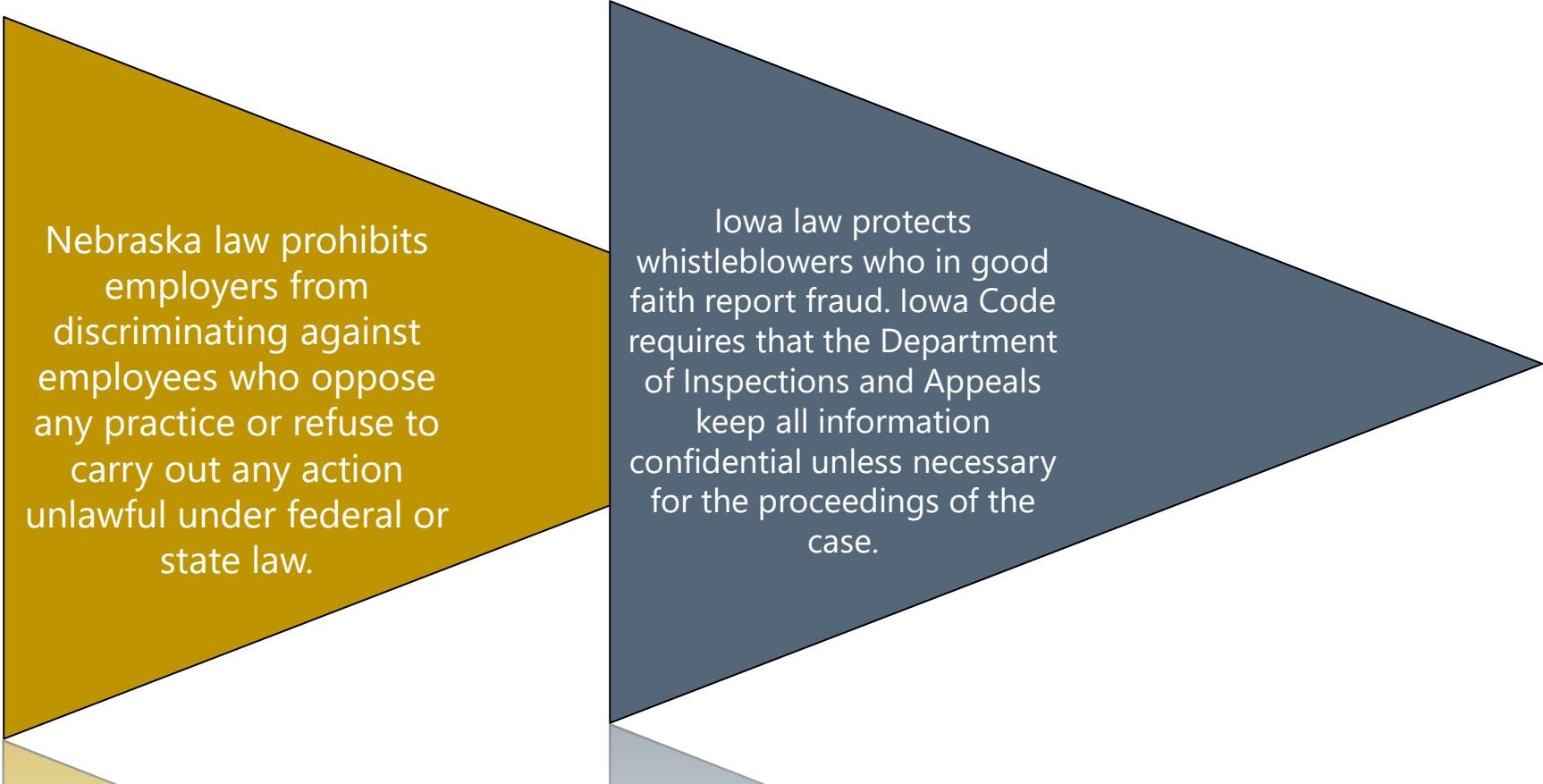
If you think MHS may have made a false claim or wish to report a false claim; If you see something that is not right, or looks like one of the examples of a false claim discussed earlier, MHS encourages you to:

- Report it to your supervisor for further investigation
- If you're not comfortable doing this or don't see action in response to your report, **call the MHS Compliance Reporting Hotline at (877) 640-0005 (English) or (800) 216-1288 (Spanish)**. You're not required to report a possible false claims action violation to MHS first. **You may report directly to the federal Department of Justice by phone at (202) 514-2000 or by email at [AskDOJ@usdoj.gov](mailto:AskDOJ@usdoj.gov)**.

**MHS will not retaliate against you if you inform MHS or the federal government of a possible false claims act violation.**

## False Claims Act, Reporting, and Whistleblower Protection

Nebraska and Iowa each have a state-specific false claims act and additional whistleblower protections.



Nebraska law prohibits employers from discriminating against employees who oppose any practice or refuse to carry out any action unlawful under federal or state law.

Iowa law protects whistleblowers who in good faith report fraud. Iowa Code requires that the Department of Inspections and Appeals keep all information confidential unless necessary for the proceedings of the case.

## What's at stake?

### **Houston Doctor Pays Six Figures To Settle False Claims Act Liability Involving Neurostimulator Devices**

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HOUSTON – A 68-year-old Houston man has agreed to pay \$390,082 to resolve allegations he submitted false claims to Medicare for the surgical implantation of neurostimulator electrodes. Dr. Benjamin Tiongson is a pain management doctor who practices in Houston.

## What's at stake?

### **Ohio Based Nonprofit And Affiliated Nursing Homes Agree To Pay \$3.61 Million To Resolve False Claims Act Liability**

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American Health Foundation (AHF), its affiliate AHF Management Corporation, and three affiliated nursing homes — Cheltenham Nursing & Rehabilitation Center (Cheltenham), The Sanctuary at Wilmington Place (Wilmington Place), and Samaritan Care Center and Villa (Samaritan) — have agreed to pay \$3.61 million to resolve claims related to billing Medicare and Medicaid for grossly substandard skilled nursing services between 2016 and 2018. AHF is a nonprofit corporation that is headquartered in Dublin, Ohio, and owns and controls nursing homes in Ohio and Pennsylvania. Cheltenham is a 255-bed nursing home located in Philadelphia, Pennsylvania.

## What's at stake?

### **Texas Doctor Who Falsely Diagnosed Patients Sentenced to 10 Years' Imprisonment in Connection with \$118M in Fraudulent Health Care Claims**

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A Texas rheumatologist was sentenced to 10 years in prison and three years of supervised release for perpetrating a health care fraud scheme involving over \$118 million in false claims and the payment of over \$28 million by insurers as a result of him falsely diagnosing patients with chronic illnesses to bill for tests and treatments that the patients did not need. Jorge Zamora-Quezada M.D., 68, of Mission, also falsified patient records to support the false diagnoses after receiving a federal grand jury subpoena. Zamora-Quezada was convicted of one count of conspiracy to commit health care fraud, seven counts of health care fraud, and one count of conspiracy to obstruct justice. In addition to his prison term, Zamora-Quezada was ordered to forfeit \$28,245,454, including 13 real estate properties, a jet, and a Maserati GranTurismo.

## **Just Culture and the Culture of Safety**

A Just Culture recognizes that competent professionals make mistakes and will develop unhealthy norms but has zero tolerance for reckless behavior.

MHS staff shall recognize risks and hazards, be aware of the behavioral choices we and those around us make, report safety issues and assist others to make better choices when they are engaging in unsafe practices.





## **Workplace Violence**

OSHA has guidelines for preventing workplace violence in health care settings. Possession of firearms or weapons of any kind on MHS premises is strictly prohibited, except for authorized law enforcement personnel.

Any act of violence by an employee, including verbal threats, is grounds for disciplinary action up to and including discharge.



## Drug Free Workplace

MHS maintains a drug free workplace (except for provider prescribed medications) and follows the federal drug free workplace standards.

Unauthorized use of alcohol or illegal drugs is strictly prohibited. Working while under the influence is a ground for disciplinary action up to and including discharge.





# Discrimination & Harassment

It is a violation of law to discriminate in any way in the treatment of employees or patients with regard to race, color, national origin, language, age, disability, religious preferences, gender identity, sexual orientation, sex stereotyping, pregnancy, source of payment for care, or veteran status.

All potential discrimination should be immediately reported:

**Patient concerns:** Compliance

**Employee concerns:** Human Resources

## Employment and Screening

All MHS employees, agents and contractors are subject to background checks, including but not limited to checking for whether the individual or entity should be excluded from employment or contracting with MHS based upon:

- Past criminal/illegal activity
- Exclusion list status (e.g. OIG and GSA lists)
- Registration as a sex offender
- A history of abuse, neglect, or mistreatment of adults or children



# Conflict of Interest

Legal issues can arise when employees mix personal interests with job duties, specifically when there is a financial component. An employee may have a potential conflict of interest if they, or a member of their family, have a financial interest in a company that:

Provides goods or services to  
MHS or an Affiliate

01

Engages in any other business  
or financial transaction with MHS  
or an Affiliate

03

02

Purchases goods or services  
for MHS or an Affiliate

04

Directly competes with MHS or  
an Affiliate

# Conflict of Interest

If a potential conflict exists, the Compliance team will assess the business transaction between the parties to ensure it is at fair market value as well as document how that decision was made.

Take these steps to avoid any potential issues.

**01**  
Don't participate in activities that conflict with your position at MHS

**02**  
Don't accept personal gifts or favors from a patient, physician, contractor, supplier, customer, or anyone who does business with MHS (limited exceptions are detailed in the MHS Gifts and Solicitation with Contractors, Vendors, and Suppliers policy).

Questions regarding potential or actual conflicts of interest should be directed to the employee's supervisor or the Vice President of Compliance.

## **Exclusion Lists**

Exclusion lists are databases, maintained by the government, of individuals that are prohibited from participating in Medicare, Medicaid, or other government programs and contracts.

No payment can be made by a federal or state program, either directly or indirectly, for any item or service furnished, ordered, or prescribed by an excluded individual.