

Compliance Manual

What you need to know

October 1, 2011

Dear Associates, Volunteers, Vendors, and Physicians:

Health Management's mission is to enable America's best local healthcare. We do this by providing the people, processes, capital and expertise necessary for our hospital and physician partners to fulfill their local missions of delivering superior healthcare services.

In order to deliver on this mission, it is vitally important that, individually and collectively, we:

- 1) conduct all business in compliance with all applicable federal and state statutes, regulations and healthcare program requirements, and
- 2) adhere to the highest ethical standards in all actions.

To these ends, the following Health Management Compliance Manual has been prepared to help guide you through Health Management's Compliance and Ethics Program. All parties who work for—or do business with—Health Management are required to abide by the terms and conditions of our Compliance and Ethics Program as they carry out their respective duties and services.

As you have in the past, please join us in helping to ensure that the Health Management Compliance and Ethics Program is conscientiously followed.

Your cooperation and support are greatly appreciated.

Sincerely,



William J. Schoen
Chairman



Gary D. Newsome
President & Chief Executive Officer

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I. INTRODUCTION

We believe that having an effective compliance program increases the likelihood of preventing, identifying, and correcting illegal, unethical, or otherwise inappropriate conduct. The purpose of this Compliance Manual is to provide you with an overview of our Compliance and Ethics Program and your associated responsibilities. While the phrase “Compliance Program” has only been formally part of the healthcare industry since the late 1990s, when you read through the elements and associated responsibilities of our Compliance and Ethics Program, it should become evident that the very activities required by our Program have been in place for many years at well-managed companies. This is important to understand, because it demonstrates that having a comprehensive and effective compliance and ethics program is not only required by law—it is also a smart business decision. Compliance-related responsibilities should be incorporated into your daily job responsibilities rather than being viewed as “one more thing to do.”

“It’s not enough to have a code of conduct...ethics must become part of the company’s DNA.”

Stephen Cutler
Former SEC Director of Enforcement

Before reviewing the elements and associated responsibilities of our Compliance and Ethics Program, it is helpful to understand the origins and benefits of compliance programs in the healthcare industry and at Health Management. As you are aware, the healthcare industry is highly-regulated, and each year there are new regulations or changes to existing regulations. In order to help hospital providers understand and follow the many applicable statutes, regulations and program requirements, the Office of Inspector General of the U.S. Department of Health and Human Services (“OIG”) developed and published its “Compliance Program Guidance for Hospitals.” While not mandatory, it was recommended that all hospitals implement a Compliance Program consistent with the guidance.

At the direction of the Health Management Board of Directors and senior management, in 1997, we formally implemented our Compliance and Ethics Program and included the same core elements of an effective Compliance Program that are described in the OIG’s “Compliance Guidance for Hospitals.” At the heart of any successful compliance program is a culture of compliance in which Associates, volunteers, vendors, and physicians feel comfortable reporting suspected misconduct. Recognizing the importance of this, the Health Management Board of Directors and senior management have made clear through their support of our Compliance and Ethics Program that Associates can and should report suspected violations of the Compliance and Ethics Program, and that retaliation for reporting suspected misconduct will not be tolerated.

While having a well designed plan and the support of senior leadership is important, equally important is 1) your thorough understanding of the Compliance and Ethics Program, 2) your personal commitment to follow the requirements of the Compliance and Ethics Program, and 3) your commitment to hold others to the same standard. Please carefully read this Compliance Manual. If you have questions or concerns relating to our Compliance and Ethics Program, you can communicate directly with your Hospital Compliance Officer, your Divisional Compliance Officer, or anyone in the Home Office Compliance Department.

Home Office Compliance Department: (239) 552-3562

II. COMPLIANCE PROGRAM OVERSIGHT

Various individuals and groups of individuals are trained and tasked with specific compliance oversight responsibilities as described in this section. While the individual responsibilities may vary, the collective responsibility to set the right example and provide guidance and leadership towards implementing and maintaining an effective Compliance and Ethics Program and establishing an ethical culture is the same for all.

A. Board of Directors

The Health Management Board of Directors (the “Board”) is responsible for ensuring that the Compliance and Ethics Program has been established and is operating consistent with applicable legal, fiduciary and business standards. The Board may carry out these responsibilities through its standing Audit or Compliance Committee; however, the Board ultimately retains responsibility for the Compliance and Ethics Program. The Board may consult with advisors, as necessary.

B. Vice President of Compliance

The Vice President of Compliance oversees and monitors the implementation and operation of the Compliance and Ethics Program throughout the company and updates the program, as needed. The Vice President of Compliance carries out these responsibilities directly and through the Director of Compliance, Divisional Compliance Officers (“DCOs”), Hospital Compliance Officers (“HCOs”), a Director of HIPAA Compliance, and others, as needed.

The Vice President of Compliance reports to the Health Management CEO and the Board through its standing Audit Committee. At least quarterly, the Vice President of Compliance provides the Board with formal reports of compliance program activities and once a year provides the Board with compliance training.

C. Director of Compliance

The Director of Compliance assists the Vice President of Compliance with oversight and monitoring of the implementation and operation of the Compliance and Ethics Program throughout the company. The Director of Compliance reports directly to the Vice President of Compliance.

D. Director of HIPAA Compliance

The Director of HIPAA Compliance oversees and monitors the implementation and operation of the HIPAA Compliance Program throughout the company and updates the HIPAA Compliance Program, as needed. The Director of HIPAA Compliance carries out these responsibilities directly and through Hospital Privacy Officers, who report directly to the Director of HIPAA Compliance on HIPAA matters. The Director of HIPAA Compliance reports directly to the Vice President of Compliance.

E. Employed Physician Practice Compliance Officer

The Physician Practice Compliance Officer oversees and monitors the implementation and operation of the Compliance and Ethics Program throughout all Health Management employed physician practices. The Physician Practice

Our Guiding Principles:

We are servant leaders

We do the right thing

We don't settle

Compliance Officer works closely with the Divisional Compliance Officers, the Hospital Compliance Officers, and the Physician Practice Managers to carry out these responsibilities. The Physician Practice Compliance Officer reports to the Vice President of Compliance.

Our company leaders are expected to lead by example and help sustain a culture where Associates feel comfortable raising concerns without fear of retaliation.

F. Divisional Compliance Officer (“DCO”)

DCOs oversee, monitor, and assist with the implementation and operation of all facets of the Compliance and Ethics Program at all hospitals, clinics, and other Health Management entities within their respective Divisions. The DCOs supervise the individual HCOs with regard to compliance matters and report directly to the Vice President of Compliance. Individuals may report suspected non-compliant conduct directly to their hospital’s DCO or through the other reporting avenues described in this Compliance Manual (e.g. Compliance Helpline, Compliance Post Office Box, supervisor, HCO, DCO).

G. Hospital Compliance Officer (“HCO”)

Each hospital has an HCO, who is the on-site compliance officer and compliance resource for day-to-day compliance matters that arise at the hospital and associated Health Management entities in the hospital’s market. The HCO reports to the DCO with regard to compliance matters. Individuals may report suspected non-compliant conduct directly to their hospital’s HCO or through the other reporting avenues described in this Compliance Manual (e.g. Compliance Helpline, Compliance Post Office Box, supervisor, HCO, DCO).

H. Hospital Privacy and Security Officers

The Hospital Privacy and Security Officers are your on-site resources for HIPAA privacy and security matters. The Privacy and Security Officers report to Health Management’s Director of HIPAA Compliance with regard to HIPAA matters. Individuals are required to report suspected HIPAA concerns. Reports can be made directly to the hospital’s privacy and security officers, or through the other reporting avenues described in this Compliance Manual (e.g. Compliance Helpline, Compliance Post Office Box, supervisor, HCO, DCO). If non-HIPAA related compliance concerns are reported to the Privacy or Security Officers, then they shall immediately report these concerns to the HCO or DCO.

I. Department Supervisors, Managers, and Directors (“Department Leaders”)

Our Department Leaders have a special responsibility to integrate ethical and compliant behavior into the day-to-day activities of the department by doing what is right, encouraging others to do what is right, and ensuring that Associates are knowledgeable and committed to the Compliance and Ethics Program. In addition, Department Leaders have specific compliance responsibilities that are described in the Annual Compliance Work Plan. Department Leaders report directly to the HCO with regard to compliance-related matters. Individuals may report suspected non-compliant conduct directly to Department Leaders, and the Department Leaders must communicate all compliance concerns to the HCO or DCO.

J. Legal Counsel

Legal Counsel collaborates with the Home Office Compliance Department on many aspects of the Compliance and Ethics Program including, but not limited to, the following:

- Legal Counsel serves as a resource for the Compliance Department. Legal Counsel reviews and approves certain compliance policies, documents and compliance forms;
- Legal Counsel directs and assists in compliance investigations performed in anticipation of litigation and additional investigations as requested by the Vice President of Compliance;
- Upon request from the Vice President of Compliance, Legal Counsel reviews and makes recommendations in connection with the resolution of certain investigations.

III. COMPLIANCE DOCUMENTS

The following are the core compliance documents that provide guidance relating to the elements and requirements of our Compliance and Ethics Program. These documents are available to all Health Management Associates at any time on our intranet at hma-info.com.

All compliance related documents can be found on our Intranet at hma-info.com.

Compliance Manual – The Compliance Manual provides an overview of the elements of our Compliance and Ethics Program.

Code of Conduct – The Code of Conduct provides guidelines for all Associates, vendors and physicians on proper and expected behavior and has been designed to assist Associates in carrying out their responsibilities in an ethical and legal manner.

Compliance and HIPAA Policies and Procedures – Policies and Procedures have been developed to provide detailed guidance relating to the operation of the Compliance and Ethics Program and also to provide guidance and direction relating to specific compliance risk areas.

Compliance Work Plan – The annual Compliance Work Plan sets forth specific required auditing and monitoring responsibilities, as well as certain compliance training activities that are in addition to Health Management’s core compliance training.

IV. COMPLIANCE TRAINING

Core compliance and HIPAA training programs are developed to provide a comprehensive understanding of our Compliance and Ethics Program. Additional compliance training programs are developed for more targeted groups to address specific compliance risk areas. Depending on the target audience and the type of compliance training, the training may be a live presentation by a compliance officer or other qualified presenter, a video or on-line training. Below is a description of our various types of compliance training programs.

1. **New Associates** - Beginning with a new Associate’s first days of work, she/he should know that compliance and ethics are important to us and what we are

Beginning with a new Associate's first day of work, he or she should know that ethics and honesty are important to the company.

We take individual responsibility for our professional growth.

We are constantly educating ourselves from both inside and outside the company, on better approaches and ways to perform our roles.

doing to integrate this type of behavior into our culture. Consequently, within thirty (30) days of their start date, all new Associates, including employed physicians, must receive compliance and HIPAA training. The purpose of this training is to provide new Associates with a comprehensive understanding of the Compliance and Ethics Program, compliance resources, and compliance responsibilities. The new Associate compliance training materials are developed by the Home Office Compliance Department and provided to HCOs. Each hospital Human Resources Director is responsible for obtaining the compliance training materials from the HCO and incorporating compliance and HIPAA training into orientation programs for new Associates.

- a. **Contract Associates** – Contract Associates with quality, resource management, clinical, financial, reimbursement, physician contract or payment, coding, billing, patient care, access to patient data (e.g. IT consultants), or similar responsibilities who are reasonably expected to be working with a Health Management entity for six months or more must complete new Associate compliance and HIPAA training within 30 days of commencing work.
 - b. **Students and Residents**– Students and residents who are reasonably expected to be working at a Health Management entity, such as a hospital or physician practice, for six months or more must complete new Associate compliance and HIPAA training within 30 days of commencing work.
 - c. **Volunteers** – Volunteers who are reasonably expected to be working at a Health Management entity for six months or more must review the new Associate compliance training DVD within 90 days of commencing work as a volunteer.
2. **Annual Compliance and HIPAA Training** - Annually, all Associates, including employed physicians must participate in annual compliance and HIPAA training. In addition, contract Associates, students, and residents who are reasonably expected to work for at least six months in the upcoming year are required to participate in annual training. The purpose of this training is to remind Associates of the Compliance and Ethics Program elements, resources, and responsibilities and also to educate Associates regarding any updates and/or changes to the Compliance and Ethics Program. The materials for annual training are developed by the Home Office Compliance Department and distributed to the HCOs. The HCOs are responsible for establishing a process to ensure that all Associates complete the annual training. In addition, HCOs are responsible for reporting annual training completion statistics to the Home Office Compliance Department. These statistics are reported to the Health Management Board of Directors.
 3. **New Department Leaders** – New Department Leaders must participate in compliance training customized for new department leaders within 90 days of assuming the leadership role. The purpose of this training is to provide New Department Leaders with a comprehensive understanding of the Compliance Work Plan and their additional compliance responsibilities.
 4. **Divisional Compliance Officers (“DCOs”)** – When a new DCO begins his/her employment, the Home Office Compliance Department provides the new DCO with comprehensive training relating to the Compliance Program, DCO responsibilities, DCO reporting requirements, and all systems used by the Compliance Department.

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5. **Hospital Compliance Officers (“HCO”)** – The Home Office Compliance Department provides each new HCO with comprehensive training relating to the Compliance Program, HCO responsibilities, HCO reporting requirements, and all systems used by the Compliance Department.
 6. **Hospital Privacy and Security Officers** - The Home Office Compliance Department provides each new Hospital Privacy and Security Officer with comprehensive training relating to the HIPAA Compliance Program, Hospital Privacy and Security Officer responsibilities, Hospital Privacy and Security Officer reporting requirements, and all systems used for HIPAA oversight related responsibilities.
 7. **Other Training** – Each Associate has a personal responsibility to maintain a satisfactory level of competency to perform his or her job responsibilities and also to maintain any required licensure. In addition, Department Leaders are required to provide their Associates with training on any policies, regulations, and risk areas that are applicable to their department. Lastly, Compliance Officers are required to work with Department Leaders and other subject matter experts to develop training programs to address specific compliance risk areas.

Documentation of compliance training must be maintained by the individual(s) providing the training. Documentation of training shall include, at a minimum, training materials and attendance sheets. In addition, after participating in New Associate Compliance and HIPAA Training and Annual Compliance and HIPAA Training, each Associate is required to sign a “Compliance Affirmation Statement.” If an Associate discloses on a “Compliance Affirmation Statement” that he or she is aware of conduct that may violate the Compliance and Ethics Program, the HCO must be notified immediately. The HCO is responsible for investigating all such reported concerns.

V. COMPLIANCE AUDITING AND MONITORING

Hospital Compliance Officers (HCO) and Department Leaders

Auditing and monitoring are integral parts of our Compliance and Ethics Program and are designed to validate that the Compliance and Ethics Program has been properly implemented and is functioning effectively. Each year, the Home Office Compliance Department performs a risk assessment to identify compliance auditing and monitoring priorities. Based upon the results of the risk assessment, the Home Office Compliance Department develops an Annual Compliance Work Plan that identifies mandatory compliance auditing and monitoring activities designed to focus on identified compliance risk areas. Auditing and monitoring is performed by the HCOs and hospital Department Leaders and is reported to the DCO on a quarterly basis.

Risk assessments are done annually to identify auditing and monitoring priorities.

If an auditing or monitoring activity identifies errors (e.g. billing, coding, or payment) it is the responsibility of the Department Leader or HCO who performed the auditing or monitoring activity to ensure that all necessary corrective action is taken including, but not limited to, education, system changes, and re-billing. In addition to the above corrective action, if identified errors appear to be more than isolated errors, the relevant Department Leader or HCO must notify the DCO, who will consult with assigned legal counsel to determine if further audit and/or

self-disclosure are required. If anyone interferes with a Department Leader's ability to take needed corrective action, the Department Leader must immediately report this to the DCO, Director of Compliance, or Vice President of Compliance.

Divisional Compliance Officers

If errors are identified, we must ensure that all necessary corrective action is taken.

Each DCO is responsible for monitoring the compliance activities of all hospitals in his/her division and assisting, when necessary, to ensure that the requirements of the compliance program are being met and that all needed corrective action has occurred. DCOs report their activities and findings to the Vice President of Compliance and Divisional leadership.

Physician Practice Management Compliance Officer

The Physician Practice Management Compliance Officer performs periodic audits of employed physician practices to validate that they are operating in accordance with the Compliance and Ethics Program. The audit results are reported to senior management and the Vice President of Compliance.

Internal Audit

As part of the routine internal audit process, the Home Office Internal Audit Department conducts periodic hospital compliance audits to verify that the Compliance and Ethics Program has been satisfactorily implemented and is operating accordingly. The results of these audits are provided to senior management and the Health Management Board of Directors through its standing Audit Committee.

VI. REPORTING

If an Associate becomes aware of a violation, suspected violation, questionable conduct, or questionable practice that might be in violation of our Compliance and Ethics Program or any applicable law, rule or regulation, that Associate shall immediately report the concern to at least one of the following:

All Associates have an affirmative obligation to report even suspected misconduct.

1. his or her supervisor,
2. the HCO,
3. the DCO,
4. the hospital Privacy Officer or Security Officer for HIPAA related concerns,
5. the Director of Compliance or Vice President of Compliance,
6. the General Counsel,
7. the Compliance Helpline or
8. the Compliance Post Office Box.

If the concern is reported to a supervisor, or anyone other than a compliance officer, then that individual must immediately report the concern to the HCO or DCO.

If a non-HIPAA related concern is reported to the Privacy or Security Officer, then they must immediately report the concern to the HCO or DCO.

Whenever an Associate has a question or concern that cannot be readily addressed with his or her supervisor, the HCO, or DCO for whatever reason, then he or she should communicate the question or concern to the Director or Vice President of Compliance, the General Counsel, the Compliance Helpline or the Compliance Post Office box.

VII. COMPLIANCE HELPLINE AND POST OFFICE BOX

To anonymously report suspected misconduct:

COMPLIANCE HELPLINE TELEPHONE NUMBER

1-888-HMA-0380 or
1-888-462-0380

COMPLIANCE POST OFFICE BOX ADDRESS

Health Management
Associates
P.O. Box 770621
Naples, Florida 34107

All Associates have an affirmative obligation to report even suspected misconduct. We realize that reporting suspected misconduct can be a delicate matter. Consequently, while you can always report suspected misconduct directly to your supervisor, the HCO, DCO, Privacy Officer, or Security Officer, we have also contracted with an outside company to establish a toll-free Compliance Helpline that can be used anonymously to report suspected misconduct. All calls to the Compliance Helpline go directly to the outside company where trained Associates take the information and generate a report that is forwarded to the Home Office Compliance Department. All call reports are reviewed by the Home Office Compliance Department to determine the nature and seriousness of the concern and the appropriate person to perform the follow-up. Generally, compliance calls will be forwarded to the HCO for follow-up, unless the HCO is the subject of the concern or otherwise has a conflict that would prevent him/her from independently performing the follow-up, in which case the DCO, Home Office Director of Compliance or the Vice President of Compliance will perform the investigation.

In addition, the Home Office Compliance Department has established a Compliance Post Office Box as another way to report suspected misconduct. All communications to the Compliance Post Office Box are picked up by an Associate in the Home Office Compliance Department and reviewed and forwarded for follow-up in the same manner as calls to the Compliance Helpline.

The Home Office Compliance Department has created a Compliance Helpline Notice that contains the Helpline number, the Post Office Box address, and the names and numbers of your Hospital Compliance Officer, Hospital Privacy Officer, and Divisional Compliance Officer.

All Department Leaders are required to post the Compliance Helpline Notice conspicuously in their departments and near time clocks used by members of the department.

All Associates have an affirmative obligation to report even suspected misconduct and Associates are encouraged to report their own wrongdoing. While self-reporting does not relieve an Associate from responsibility for intentional wrongdoing, prompt and complete disclosure may be considered a mitigating factor in determining an Associate's discipline or sanction. If suspected misconduct is reported to anyone other than the HCO or DCO, that individual must immediately notify the HCO or DCO.

Retaliation for reporting suspected misconduct is strictly prohibited.

VIII. NON-RETALIATION

Associates and supervisors shall not prevent, or attempt to prevent, another Associate from using the Compliance Helpline, Compliance Post Office Box, or otherwise reporting suspected misconduct. If an Associate or supervisor attempts to prevent another Associate from reporting suspected misconduct or otherwise retaliates against anyone for reporting suspected misconduct, he or she will be subject to disciplinary action, up to and including termination.

IX. EXCLUSION CHECKS

It is the policy of Health Management not to employ, contract with, or conduct business with an individual or entity that is excluded, debarred, suspended, or otherwise ineligible to participate in federal or state sponsored healthcare programs, such as Medicare or Medicaid. Such policy shall also extend to individuals and entities who may not have been technically excluded, debarred, suspended, or otherwise ineligible, but who Health Management has reason to believe should be excluded, debarred, suspended or otherwise ineligible because they have pled guilty to, been adjudged to be guilty of, or otherwise been convicted of, a criminal offense that would make them ineligible to participate in any such program. Any individual or entity that Health Management will not employ, contract with or conduct business with for any of those reasons is considered to be an "Ineligible Person."

Health Management will, on an ongoing basis, screen all individuals and entities that it employs, retains or otherwise does business with, or that it proposes to employ, retain or otherwise do business with, to ensure that they are not Ineligible Persons. Such screening will extend to officers and members of the Board. Health Management will not employ, retain, or otherwise do business with any Ineligible Person, and no Ineligible Person shall be permitted to be an officer of, or serve on, the Board of Health Management.

X. COMPLIANCE RISK AREAS

In order to report suspected fraud, abuse, or mistakes, we first must be able to recognize what is fraud, abuse, or mistakes. Sometimes it is obvious, but that is not always the case. In order to better educate you on the risk areas that could affect your department, each quarter all department leaders are required to provide training on a different risk area that could impact your department. In addition, below is a list of activities that the government has identified as being vulnerable to fraud, abuse, and mistakes. Review these and think about whether, and how, these activities could lead to fraud, abuse, or mistakes in your department and what you can do to minimize the risks. While this is not a comprehensive list, all Associates are encouraged to discuss these and other potential compliance risk areas with their department leader, HCO, or DCO.

- **Submission of Inaccurate Claims Information**

- Incorrect or inaccurate coding
- Upcoding
- Unbundling of services
- Billing for medically unnecessary services
- Billing for services not covered by the relevant healthcare program
- Duplicate billing
- Insufficient documentation to support a claim
- False or fraudulent cost reports
- Billing for items or services not actually rendered

Associates must be familiar with their compliance risk areas.

Department leaders must discuss compliance risk areas with their staff at least quarterly.

- **Outpatient Procedure Coding**
 - Billing on an outpatient basis for “inpatient-only” procedures
 - Submitting claims for medically unnecessary services
 - Submitting duplicate claims or otherwise not following the National Correct Coding Initiative guidelines
 - Submitting incorrect claims for ancillary services because of outdated Charge Description Masters
 - Circumventing the multiple procedure discounting rules
 - Improper evaluation and management code selection
 - Improperly billing for observation services
- **Admissions and Discharges**
 - Billing for discharge in lieu of transfer
 - Failure to follow the “same-day” rule
 - Abuse of partial hospitalization payments
 - Same day discharges and readmissions
 - Violation of Medicare’s post acute care transfer policy
 - Improper churning of patients by long-term care hospitals co-located in acute care hospitals
 - Outpatient services rendered in connection with inpatient stays
- **Supplemental Payment Considerations**
 - Improper reporting of the costs of “pass-through” items
 - Abuse of DRG outlier payments
 - Improper claims for incorrectly designated “provider based” entities
 - Improper claims for clinical trials
 - Improper claims for organ acquisition costs
 - Improper claims for cardiac rehabilitation services
 - Failure to follow Medicare rules regarding payment for costs related to educational activities
 - Failure to refund credit balances
- **Hospital – Physician Relations**
 - Failure to structure hospital physician relationships to meet the requirements of the Physician Self Referral Law (Stark) and the Federal Anti-Kickback Statute
 - Charging physician tenants less than fair market value rent
 - Paying physicians greater than fair market value
 - Compensating physicians based upon the volume or value of referrals
 - Failure to collect payroll services fees

- **Financial and Statistical Reporting**

- Failure to thoroughly and accurately record and report accounting, financial, and statistical data related to Health Management facility operations and related activities
- Failure to properly disclose and accurately report on the hospital cost report discounts received from a vendor

- **Emergency Medical Treatment and Active Labor Act (EMTALA)**

- Failure to have a qualified medical person provide a medical screening examination to an individual presenting and making a request for an examination or treatment for an emergency medical condition
- Knowing failure to provide covered services or necessary care
- Patient dumping

If an Associate becomes aware of any of these or other suspect practices, that Associate shall immediately notify their supervisor, the HCO, the DCO, or report the concern to the Compliance Helpline or Compliance Post Office Box.

XI. COMPLIANCE INVESTIGATIONS AND CORRECTIVE ACTION

All reports of suspected violations of the Compliance and Ethics Program, applicable Federal or State statutes and regulations or Medicare/Medicaid program requirements will be investigated. Generally, the investigation will be conducted by, or supervised by, the HCO, with the assistance of any needed subject matter experts. If the HCO has a conflict that would prohibit him/her from conducting an independent investigation, then the Vice President of Compliance and/or the Director of Compliance, along with Legal Counsel if necessary, will determine who the appropriate individual is to lead and/or perform the investigation. If an investigation identifies intentional or unintentional errors or other wrongdoing, the HCO shall work with Legal Counsel, Human Resources, or other relevant individuals to ensure that all appropriate corrective action is taken. Corrective action may include, for example, education, re-billing, and/or disciplinary action up to and including termination.

XII. DOCUMENT RETENTION

In addition to other applicable document retention policies, all compliance-related documents shall be retained for at least six years. In the case of privileged documents, Health Management's Legal Department shall determine the length of retention, which may exceed, but shall not be less than, six years.

XIII. LEGAL INFORMATION

Health Management reserves the right to amend, if necessary, the Compliance and Ethics Program and this Compliance Manual.

The Compliance Manual is not intended to nor does the Compliance Manual represent any type of employment agreement or contract. In the absence of a written individual employment agreement, all employment shall remain on an “at will” basis; meaning employment may be terminated by the employee or Health Management at any time.

XIV. COMPLIANCE INFORMATION

A current listing of all Home Office Compliance Associates and their contact information can be found on the Health Management intranet at hma-info.com.

Our Guiding Principles

We are servant leaders.

In every role, we serve. We serve our patients, our Associates, our physicians, our partners, our communities and all stakeholders equally.

We serve as a vital member of a team: no one role being more important than another. As such, we are respectful of what each Associate's talents, perspectives and efforts bring to the team.

We speak up and are free to express ourselves. We communicate extensively and respond to our fellow Associates appropriately.

We do the right thing.

We are all empowered and expected to do the right thing in every interaction.

All Associates are given the freedom to do the right thing without first seeking permission. In those instances we are in doubt about the right thing to do, we seek counsel from our fellow Associates.

In those cases when we make a mistake, we admit it, correct it, learn from it, and move on. We take responsibility for our actions and share what we've learned with others.

We don't settle.

We all are expected to be high performers. That means we are expected to exceed the expectations of those we serve – rather than simply meet them. We strive to do something “extra.”

We take individual responsibility for our professional growth. We are constantly educating ourselves – from both inside and outside the company – on better approaches and ways to perform our roles.

We are expected to think about and communicate new ideas and discoveries that may improve our performance and that of our team and company. We constantly work to improve on our previous levels of performance.





5811 Pelican Bay Boulevard
Naples, Florida 34108
239-598-3131

Home Office Compliance Department:
239-552-3562

Compliance Helpline:
1-888-HMA-0380 or 1-888-462-0380