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I. SCOPE:


This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare facility in which Tenet Healthcare Corporation or an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Facility”) (collectively, “Tenet”).

II. PURPOSE:

The purpose of this policy is to establish a process to report Potential Compliance Issues, including any potential identified issues or questions associated with Tenet’s [Standards of Conduct](#), Tenet’s policies and procedures, Tenet’s [Quality, Compliance and Ethics Program Charter](#) (“Compliance Program Charter”), laws and regulations relating to Federal health care programs, including but not limited to the Anti-kickback statute and Stark law and/or any possible violations of the federal securities laws (including any rules or regulations thereunder). Furthermore, to the extent that there is a potential violation of criminal, civil, or administrative law, it is the intent of this policy to allow issues to be promptly and thoroughly investigated and appropriate corrective actions to be implemented.

III. DEFINITIONS:

- A. **“Federal health care program”** means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including, but not limited to: Medicare, Medicaid/MediCal, managed Medicare/Medicaid/MediCal, TriCare/VA/CHAMPUS, SCHIP, Federal Employees Health Benefit Plan, Indian Health Services, Health Services for Peace Corp Volunteers, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners, Pre-Existing Condition Insurance Plans (PCIP) and Section 1011 Requests.
- B. **“Overpayment”** means the amount of money a Tenet Facility has received in excess of the amount due and payable under any Federal health care program requirements, including applicable Federal statutes, regulations, Medicare or other Federal health care program payment manuals, and Medicare Administrative Contractor Local Coverage Decisions. An Overpayment may be the result of non-adherence to Federal health care program requirements, errors by Tenet personnel, payment processing errors by the payer, or erroneous or incomplete information provided to Tenet by the patient or responsible party.
- C. **“Reportable Event”** means anything that involves:
1. an Overpayment of \$100,000 or more.

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2. a probable violation of the criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized.
3. a violation of the obligation to provide items or services of a quality that meets professionally recognized standards of health care, where such violation has occurred in one or more instances and presents an imminent danger to the health, safety, or well-being of a Federal health care program beneficiary or places the beneficiary unnecessarily in high-risk situations.

A Reportable Event may be the result of an isolated event or a series of occurrences.

4. a notice of a government investigation or inquiry involving federal health care programs or litigation alleging fraud involving federal healthcare programs.
- D. **“Potential Compliance Issue”** means a potential Reportable Event or other suspected violations of Tenet’s [Standards of Conduct](#), Tenet’s policies and procedures, the requirements of Tenet’s [Compliance Program Charter](#), or laws and regulations relating to Federally funded health care programs, including but not limited to the Anti-kickback statute and Stark law or possible violations of the federal securities laws (including any rules or regulations thereunder). For purposes of this policy, Potential Compliance Issues shall include but are not limited to the issues listed on the “Examples of Reportable Potential Compliance Issues” (Attachment A), the [Compliance Program Charter](#) and any other issue that requires review to ensure adherence to Tenet’s policies and procedures, the laws and regulations relating to federal health care programs, or the requirements of the [Compliance Program Charter](#).
- E. **“CPL”** means the internal database that tracks compliance-related issues.


IV. POLICY:

- A. All individuals are expected to report Potential Compliance Issues **immediately** upon discovery or notification of the same. Reports can be made to an immediate supervisor, department director, Hospital or Facility Compliance Officer (HCO), Regional Compliance Director (RCD), Chief Compliance Officer, or designee, or Ethics Action Line (EAL). If reports are made to a supervisor or department director, that individual is expected to immediately forward the report to, as appropriate, the HCO, RCD or Chief Compliance Officer.
- B. Upon receipt of a report of a Potential Compliance Issue, the Ethics and Compliance Department shall make a preliminary, good faith inquiry into the

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allegations to ensure that all of the information necessary to determine whether a further review should be conducted has been obtained.

- C. All individuals have the right to report a Potential Compliance Issue and shall not face retribution or retaliation for reporting. Any individual who engages in retaliation will be disciplined. (See [Human Resources Policy HR 116 No Retaliation](#).) In addition, to the extent possible and allowed by law, the anonymity of the individual reporting the Potential Compliance Issue will be protected if the individual so requests.
- D. At the facility level, the HCO is designated as the preferred internal contact for the reporting of Potential Compliance Issues relating to that facility subject to the rights of employees to report such issues to the EAL. Supervisors or department directors who become aware of a Potential Compliance Issue should report it to the HCO **immediately** when an issue is identified. It is the responsibility of the Tenet Facility's A-team and HCO to ensure adherence to this policy.
- E. At the corporate headquarters level, the Chief Compliance Officer is the preferred internal contact for the reporting of Potential Compliance Issues relating to the company subject to the rights of employees to report such issues to the Ethics Action Line. Supervisors or department directors who become aware of a Potential Compliance Issue at the corporate headquarters level should report it to the Chief Compliance Officer **immediately** when an issue is identified.
- F. Certain individuals as described below are required to submit quarterly certifications to confirm the following:
 1. Each new employee, director, agent, and contractor, as applicable, reporting to the certifying individual has completed the required Ethics and Compliance training within 30 calendar days of his or her employment or initiation of services (see [Human Resources Policy HR-411 Ethics and Compliance Training](#)).
 2. All events that are reportable under the [Compliance Program Charter](#) have been reported to the HCO or other appropriate Ethics and Compliance Department personnel.
 3. Corrective actions taken as a result of a reportable event or audit in the area of the certifying individual's responsibility have been completed and sustained.
 4. Any violation of the Tenet [Standards of Conduct](#) have been reported to the HCO or other member of the Ethics and Compliance Department.

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5. The certifying individual has reviewed his or her areas of responsibility and has made reasonable inquiry into compliance issues and has reported all Potential Compliance Issues to the Ethics and Compliance Department or is reporting the issue at this time.

At the facility level, Supervisor, Manager, Director, A-Team members, Coding Supervisors/Lead Coders, Research Coordinators, Contracts Administrators/Coordinators, House Supervisors and Risk Managers must submit an online quarterly certification within five calendar days of the end of each fiscal quarter.

For physician practices, the Physician Office Managers must submit an online quarterly certification within five calendar days of the end of each fiscal quarter.


For Conifer, Supervisors, Managers and Directors must submit an online quarterly certification within five calendar days of the end of each fiscal quarter.

V. PROCEDURE:

A. Identification and Reporting of Potential Compliance Issues

Attachment A is a list of **examples** of Potential Compliance Issues. This list is illustrative, not exhaustive. Any question regarding the identification of a Potential Compliance Issue should be directed to the HCO, RCD, or Chief Compliance Officer or designee, or EAL, as appropriate. While all individuals are expected to disclose any Potential Compliance Issues of which they become aware in the manner discussed above, the HCO is also expected to query facility managers and other appropriate personnel on a routine basis to identify any Potential Compliance Issues. Potential Compliance Issues may be reported via any of the following methods:

1. While making a report of a Potential Compliance Issue to the HCO or the EAL is the preferred method, an individual also may report issues to his or her immediate supervisor, department director, RCD, the Chief Compliance Officer or designee.
2. Tenet conducts compliance-related audits on a special and routine basis, and an individual may report Potential Compliance Issues to these auditors. Auditors who receive reports of Potential Compliance Issues are expected to ensure that these reports are forwarded on to the HCO, RCD and/or Chief Compliance Officer for investigation and resolution.
3. The individual may report issues via the EAL as follows:
 - a. The EAL (1-800-8-ETHICS or 1-800-838-4427), is a toll free telephone line available 24 hours a day to individuals to report any Potential Compliance Issues or may seek information about the

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application or interpretation of Tenet’s policies and procedures, Tenet’s [Standards of Conduct](#), or applicable laws and regulations.


- b. Callers may choose to remain anonymous (to the extent possible and allowed by law) and the issues discussed will be handled in a confidential manner.
- c. Employees are encouraged to use the resources available in their organization (*e.g.*, HCO, manager, or chain of command), to resolve problems prior to calling the EAL, but should not be discouraged from calling the EAL.
- d. Potential Compliance Issues reported to the EAL will be reviewed to identify the compliance-related issues and to determine the authenticity and credibility of the information provided by the person(s) making the report.
- e. Issues reported to the EAL that are related to Potential Compliance Issues shall be immediately reported (unless they relate to potential violations of the federal securities laws) by the EAL to the responsible RCD and HCO. The HCO and RCD shall initiate the appropriate investigation and corrective action as appropriate and necessary. If the Potential Compliance Issue relates to a possible violation of the federal securities laws, the EAL shall also report the issues immediately to the Chief Compliance Officer, the Corporate Law Department and the Vice President, Audit Services.

B. Action on Compliance Issues

The RCD and HCO are responsible for ensuring that each reported Potential Compliance Issue is investigated and assigned an identification number for tracking purposes. The HCO will ensure that the responsibility for corrective action is assigned as appropriate and corrective action is taken as appropriate and necessary.

The HCO is responsible for promptly reporting any Potential Compliance Issue that may be a Reportable Event to the Chief Compliance Officer per the Monthly Compliance Report requirement set forth in the Compliance Program Charter. The Chief Compliance Officer shall be responsible for determining if a Potential Compliance Issue requires further escalation to Tenet Senior Management and/or the Quality, Compliance and Ethics Committee of Tenet’s Board of Directors.

Refunding of Overpayments shall occur in accordance with [COMP-RCC 4.35 Reporting of Overpayments to Federal Health Care Programs](#).

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If a Potential Compliance issue is reported directly to the Chief Compliance Officer, the Chief Compliance officer (or designee) will ensure that each reported Potential Compliance Issue is investigated and assigned an identification number for tracking purposes. The Chief Compliance officer (or designee) will ensure that the responsibility for corrective action will be assigned as appropriate and corrective action taken as appropriate and necessary.

C. Closure of Compliance Issues

Before a Potential Compliance Issue may be considered resolved, the HCO, RCD, or Chief Compliance Officer (or designee), as applicable, must document the investigation and resolution of the issue. Documentation must include evidence of refunds, corrective action plans or other evidence that the issue has been fully investigated and resolved.

D. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VI. REFERENCES:

- [COMP-RCC 4.35 Reporting of Overpayments to Federal Health Care Programs](#)
- [Human Resources Policy HR-116 No Retaliation](#)
- [Human Resources Policy HR-411 Ethics and Compliance Training](#)
- [Quality, Compliance and Ethics Program Charter](#)
- [OIG's Compliance Program Guidance for Hospitals \(63 FR 8987; February 23, 1998\)](#)
- [OIG's Supplemental Compliance Program Guidance for Hospitals \(70 FR 4858; January 27, 2005\)](#)
- Sec. 21F of the Securities Exchange Act of 1934 and Rule 21F of the General Rules and Regulations enacted thereunder by the Securities and Exchange Commission

EXAMPLES OF REPORTABLE COMPLIANCE ISSUES

This list contains examples of high-level categories of potential reportable compliance issues and is by no means exhaustive. If you have any questions regarding whether an issue is reportable, please contact your Hospital Compliance Officer, Regional Compliance Director or the Ethics and Compliance Department.

Inappropriate coding

Inappropriate charging/billing

Inappropriate charge code selection/chargemaster

Inappropriate claims submission

Medical necessity issues

Specialty programs issues (e.g., inappropriate billing of hyperbaric oxygen therapy, or inappropriate advertising of specialty program services)

Cost reporting issues

False or fraudulent documentation issues

Requests from Medicare Administrative Contractor

Quality of Care issues

Physician Arrangement issues, such as potential violations of the Stark law or Anti-kickback statute

HIPAA or Patient Privacy issues

EMTALA issues

Business Operations issues (Accounting, Sarbanes-Oxley, etc.)

Failure to follow Tenet's policies and procedures

Failure to utilize Tenet-required compliance software (e.g., CARDS, Order Checker, MASS, etc.).

Drug diversion