

MaineGeneral Health Comprehensive Compliance Program



Marci A. Alexander, Esq.
MaineGeneral Health
Chief Compliance Officer



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MaineGeneral Health


Statement of Ethics

MaineGeneral Health is committed to maintaining the highest ethical and professional standards and to act with integrity in all of its activities. We pledge to treat all of our patients, employees, physicians and constituents with courtesy, dignity, honesty and respect.

We believe these high ethical standards are necessary to maintain MaineGeneral Health's tradition of excellence in the care of our patients and to enhance the pride and confidence of all persons who work for or provide services to MaineGeneral Health.


MaineGeneral Health
Ethics and Compliance

Effective Communication
Teamwork
Honesty
Integrity
Compassion
Standards of Excellence



*Thank You for
Doing the Right Thing*

MGH COMPLIANCE HELPLINE
621-9350
You may report anonymously



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MaineGeneral Health Compliance Policy Statement

MaineGeneral Health and its subsidiaries (hereinafter collectively referred to as "MGH") strive not only to deliver health care compassionately, but also to act with integrity in all that we do. Compliance with applicable laws, rules and ethical standards is critical to our maintaining integrity in all of our operations. Our goal is to make sure that each member of the MGH workforce takes responsibility for ethics and compliance, understanding that compliance is everyone's job. MGH recognizes that compliance is "value added" to the organization, in that an effective compliance program will improve quality of care, save resources, increase positive outcomes and strengthen our already strong compliance culture of "doing the right thing."

Purpose of the Comprehensive Compliance Program

The MGH Comprehensive Compliance Program (the "Program") is established and implemented:

1. To establish a culture that promotes the prevention, detection and resolution of instances of conduct that do not conform to laws, standards and ethical business practices;
2. To improve the quality of care for our patients;
3. To satisfy the conditions of participation for health care programs funded by the state and federal government and the terms of its other contractual arrangements;
4. To detect and deter criminal conduct or other forms of misconduct by officers, directors, employees, medical staff, agents and contractors that might expose MGH to significant civil liability;
5. To promote self-auditing and self-policing and provide for appropriate voluntary disclosure of violations of laws and regulations;
6. To provide information, guidance and education regarding ethics, regulatory requirements and standards of practice;
7. To provide ethical leadership so that everyone associated with MGH uses their best judgment, is held accountable for their actions and conducts business with the highest integrity.

Integrity is "doing the right thing" for the right reasons without expectation of recognition from others.

Participants in the Comprehensive Compliance Program

The Program, its concepts, policies and procedures apply to all MGH officers, directors, employees, medical staff, agents and contractors. All of us are personally accountable for our individual actions and decisions. We earn credibility with our patients, community and co-workers by keeping our commitments, acting with honesty and integrity and pursuing our goals solely through honorable conduct. To do so, it is crucial that we understand the laws, company policies and contractual obligations that apply to us.

Therefore, MGH expects that each member of the MGH workforce and affiliates of MGH will recognize that he or she has assumed a number of ethical and professional responsibilities by affiliating with MGH including complying with the following two fundamental tenets of MaineGeneral Health's Compliance Program:

- (a) adherence to our Code of Ethics; and
- (b) adherence to our policies and standards.

Failure to comply with the Compliance Program, laws, rules, the Code of Ethics or our policies and standards may result in disciplinary action.

Comprehensive Compliance Program Structure

MGH has appointed a Chief Compliance Officer (CCO) to oversee MGH's compliance efforts. Each operating unit within MGH, except for MaineGeneral Medical Center, has its own Compliance Officer, who reports to the MGH Chief Compliance Officer for compliance matters. The CCO is the Compliance Officer for MaineGeneral Medical Center. Each operating unit has or will develop and implement a compliance plan to address its specific requirements. Each operating unit has a compliance committee that meets regularly to address compliance issues. The CCO will develop general compliance guidelines for all operating units and will receive regular reports from the Compliance Officers on compliance efforts and results.

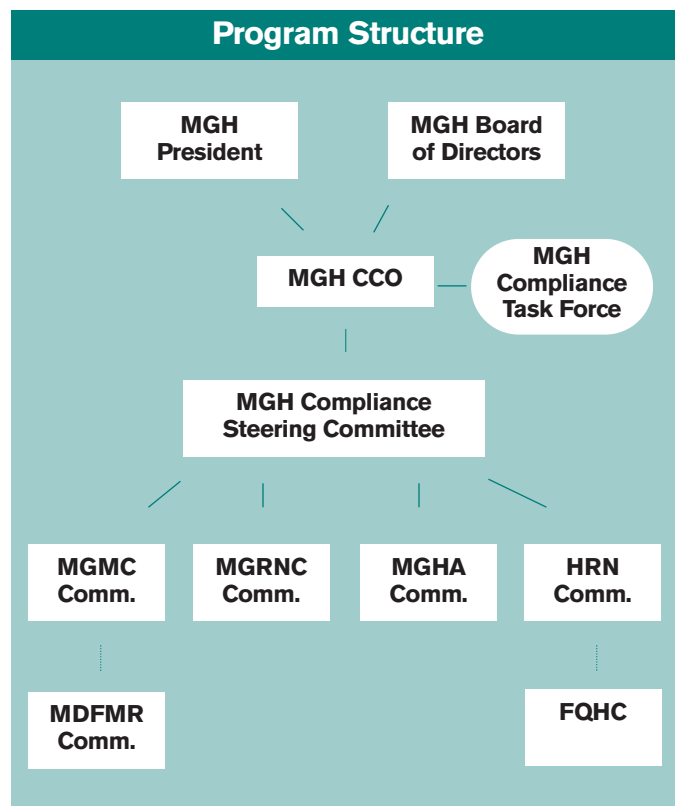
MGH has established a Compliance Steering Committee consisting of representatives of all branches of the MGH system. The mission of the Compliance Steering Committee is to support and assist in the implementation and maintenance of an effective compliance program. The Compliance Steering Committee will help build an awareness of ethics and compliance into all levels of the organization. The CCO will work collaboratively with the MGH Compliance Steering Committee toward this end. The Compliance Steering Committee will meet quarterly. The CCO (or designee) will chair the meetings of the Compliance Steering Committee.

Comprehensive Compliance Program Structure

The CCO reports directly to MGH's Chief Executive Officer and the Board of Directors. The CCO works collaboratively with the CFO as needed. The CCO has direct access to and may work with the Board of Directors, senior management, all employees, contractors and agents. In the context of monitoring or investigating compliance matters, the CCO has access to all documents and information relevant to compliance activities, including but not limited to patient records, billing records, marketing records and contracts and written arrangements or agreements with others. The CCO also has direct access to legal counsel as needed. In the event that the CCO becomes aware of compliance issues involving senior management, the CCO has direct access to the Board of Directors as needed.

MGH has also established a Compliance Task Force that meets bi-monthly with the CCO to bring together the front-line professionals that operationalize our compliance program for education, training, reporting and assignment of reviews regarding high-risk areas. Further, the MGH program includes compliance advisors from our clinical staff to ensure that the implementation of the compliance program enhances rather than detracts from providing excellent health care services to our patients.

A tactical compliance group called the Compliance Forum, which consists of the CCO, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer, the IT Security Officer, the Director of Accreditation and Regulatory Standards and the Human Resources Compliance Officer, will meet quarterly to coordinate MGH compliance issue resolution. At each meeting Compliance Forum members will update the CCO on compliance-related activities in their respective areas. The CCO will then report on Compliance Forum matters to the Compliance Steering Committee.



Chief Compliance Officer Functions

MGH has appointed a Chief Compliance Officer (CCO) to oversee MGH's compliance efforts. The CCO performs all the functions of a compliance officer as suggested by guidance issued by the Officer of Inspector General for Health and Human Services including the following:

- Works collaboratively with the MGH Compliance Steering Committee to identify and address risks and concerns, set compliance priorities, adopt compliance guidelines and otherwise establish and maintain a robust and effective compliance program;
- Supervises the Department of Ethics and Compliance staff members ("Compliance staff"), who work collaboratively with committees and departments of MGH to promote compliance awareness and education; train MGH departments in the regular monitoring of risk areas; facilitate communication among MGH departments and entities; and conduct reviews;
- Supervises and works collaboratively with HealthReach Network, MaineGeneral Health Associates, MaineGeneral Rehabilitation & Nursing Care and (as the sponsoring hospital) the Maine-Dartmouth Family Medicine

Residency Program, Compliance Officers, programs and Helpline;

- Addresses MGMC compliance concerns;
- Coordinates and directs compliance staff in the various MGH entities to work in a focused and effective manner on compliance issues. A system-wide compliance workgroup meeting will be held bi-monthly which will

include training, education, reporting and assignment of reviews regarding specific compliance concerns;

- Works collaboratively with Human Resources, Credentialing and others to ensure that all members of the workforce and vendors are regularly checked against governmental exclusion lists and receive Fraud and Abuse education;
- Updates policies, procedures and standards;
- Works with legal counsel to ensure that program goals are achieved in a manner consistent with legal and regulatory requirements;
- Investigates reports of possible misconduct from employees, independent contractors, or anyone else who contacts the CCO, Compliance staff or the MGH Compliance Helpline;
- Works collaboratively with clinical staff on compliance functions to ensure the highest possible quality of care;
- Oversees and implements a short- and long-term system-wide compliance training curriculum in conjunction with Human Resources and other departments; and
- Develops and implements a system-wide internal compliance defensive audit plan, on a fiscal year basis, that takes into consideration the OIG work plan, high-risk areas, regulatory changes, billing changes and chargemaster changes, among other factors.



If it concerns you, it concerns us.

**MaineGeneral Health
COMPLIANCE HELPLINE
621-9350**

You may report anonymously

Compliance is everyone's responsibility

MGH Compliance Standards

MGH has created both general and specific standards related to ethics and compliance issues. General standards and expectations are outlined in MGH's Code of Ethical Conduct and more specific standards relating to particular issues are in MGH policies. Additionally, the Board of Directors, senior management, employees and contractors who work with MGH must comply with all applicable laws and regulations.

All members of the MGH workforce must carry out their duties in accordance with the Program and underlying policies. Failure to comply with governing laws, or the standards set forth in the Program, may result in disciplinary action up to and including termination.

Code of Ethical Conduct

MGH's Code of Ethical Conduct ("Code") provides the foundation for the Compliance Program by setting forth in a clear and concise summary the fundamental ethical standards of the organization. The Code emphasizes the shared common values and culture that guide our actions. Adherence to its spirit, as well as its provisions, is critical to our future. The Board of Directors, senior management, employees and contractors who work with MGH are responsible for ensuring that their behavior is consistent with the Code.

MGH expects everyone associated with the organization to follow the principles set forth in the Code. Upon hire, new employees must receive a copy of the Code and are required to certify that they received the Code, understand it and agree to abide by it. All members of the MGH workforce are also required to participate in annual ethics training and records of such training will be retained.

MGH Core Compliance Principles

- Honest and ethical conduct
- Compassionate caregiving
- Dedication to professional excellence
- Teamwork
- Adherence to laws, regulations and policies
- Respectful environment
- Zero tolerance for criminal or inappropriate conduct
- Effective communication

The entire code is located in Appendix D

Adherence to and support of the Code, and participation in related activities and training, are considered in decisions regarding hiring, promotion and compensation for all candidates and employees.

If you have questions regarding the Code, or encounter any situation which you believe violates provisions of the Code, consult your supervisor, another member of management, the Human Resources (HR) Department or the CCO at (207) 624-4222. If you would like to make an anonymous report, call the Compliance Helpline at (207) 621-9350. There will be no retaliation for asking questions or raising concerns about the Code or for reporting possible improper conduct.

Written Policies and Procedures

MGH has established written policies and procedures that demonstrate our commitment to complying with all applicable federal and state statutory, regulatory and other requirements. A listing of such policies is attached in Appendix C. MGH will update all Compliance Policies and Procedures at least every two years and as

necessary to remain current with regulatory and legal developments. Each employee and affiliate of MGH is expected to be aware of and follow MGH policies, and is specifically encouraged to review the policies that are applicable to any particular area of concern. All MGH Compliance documents, policies and procedures are available internally on the intranet and externally to contractors, agents and vendors upon request from the Corporate Compliance Department at (207) 624-4222. Additionally, many of these documents are posted on MGH's public website at <http://www.maine-general.org/>.¹

Additional Standards of Conduct

Exclusion

MGH will take reasonable steps to avoid employing or contracting with any individual or entity who (a) has been convicted of a criminal offense related to health care, or (b) is debarred, excluded or is otherwise ineligible for participation in federal or state health care programs. MGH will make reasonable and lawful efforts to obtain information when it screens employment or independent contractor applications. Further, every new employee and contractor must reveal any convictions related to health care or any debarment, exclusion, sanction or other adverse action taken against him or her by any federal or state agency. MGH will revalidate this information periodically and require all employees and contractors to give MGH notice if any such action is initiated.

For each new director, officer and employee, MGH will require a background check which will include:

- (a) review of the List of Excluded Individuals/Entities maintained by the Office of Inspector General of the Department of Health and Human Services (OIG) and

- (b) the List of Persons Excluded from Federal Procurement and Non-Procurement Programs maintained by the General Services Administration (GSA).

The performance of these background investigations shall be documented and maintained in the appropriate personnel file. Exclusion list reviews will be repeated periodically and as needed.

Likewise, for each new contractor MGH will conduct an Exclusion List review which will be repeated periodically and as needed.

Health Care Fraud and Abuse Laws

All officers, directors, employees, contractors, subcontractors and agents of MGH shall be aware of its commitment to detecting and preventing health care fraud, waste and abuse. MGH will comply with all applicable federal and state health care fraud and abuse or "anti-kickback" laws and regulations, including the federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)) and the Federal False Claims Act (31 U.S.C. § 3729 et seq.). See *MGH policy HR-22: Fraud and Abuse Compliance Workforce Information*.

Dealings with Government Agencies

Any communication with a government agency must be responsive, accurate and complete. Any data or other information provided to a government agency must be accurate, complete and include an explanation of any omission or inability to respond. All government agents will be treated with respect. Any inquiry from a government agent outside the normal course of ministerial interactions for purposes of compliance with mandatory reporting requirements will be referred to the CCO. In no event will any employee be prohibited from speaking voluntarily with a government agent engaged in an investigation or an enforcement action, although they may be advised that they are not obligated to speak with an agent.

¹All MGH policies and procedures are available upon request.

Responsibilities of Managers and Directors

Each director or manager of a MGH department is responsible for:

- Discussing and providing or arranging for training in the compliance standards, policies, procedures, laws and regulations applicable to members of their department or service, in collaboration with the CCO;
- Collaborating with the Ethics and Compliance Department to ensure that the Program, the Code of Ethical Conduct, applicable MGH policies and procedures and any applicable laws or regulations are followed;
- Reporting to the CCO any known or reasonably suspected violations of applicable federal health care program laws or regulations by any member of their department;
- Reporting to the Privacy Officer any known or reasonably suspected violation of patient confidentiality;
- Reporting to the IT Security Officer any known or reasonably suspected loss or theft of IT property containing patient health information or unauthorized access to IT systems containing patient health information;
- Where appropriate, after consulting with the CCO and/or Human Resources, initiating and/or implementing corrective or disciplinary action as needed; and
- Taking all measures reasonably necessary to ensure compliance with the Program and applicable laws and regulations.

Each department's policy and procedure manual serves as a resource for the employees of that department to enhance their ability to perform their jobs in compliance with the Program and applicable laws and regulations. Employees should be encouraged to periodically review their departmental policy and procedure manual, and to discuss compliance issues with their supervisor, or with a director or manager. Directors and managers are encouraged to involve their employees in the preparation and periodic updating of such manuals.

Reporting of Compliance Concerns

Open communication is vital to the success of the MGH Program. Without help from the MGH workforce, it would be impossible for MGH to learn about compliance concerns and make necessary corrections. Therefore, all members of the MGH workforce are required to report known or suspected violations of the Code. Several different reporting paths are available:

1. Members of the MGH workforce may report directly to the CCO via the Compliance Helpline at (207) 621-9350. The Compliance Helpline is set up to receive all calls anonymously. The number of the Helpline is available throughout MGH facilities, and employees shall be reminded of the number and of their duty to report actual or suspected wrongdoing through training, posters, the MGH Intranet and other methods.
2. Members of the HealthReach Network workforce may report to either the CCO via the Helpline or to the HealthReach Compliance Officer at (207) 465-3174.
3. Members of the MaineGeneral Rehabilitation & Nursing Care workforce may report to either the CCO via the Helpline or to the MaineGeneral Rehabilitation & Nursing Care Compliance Officer at (207) 626-1721.

All members of the MGH workforce may contact the CCO, HealthReach Compliance Officer or the MaineGeneral Rehabilitation & Nursing Care Compliance Officer directly, whether in person, by telephone, by email or by regular mail.

Employees may report any compliance concerns to their supervisor, or to a department director, a manager, HR or an administrator who, in turn, will report to a Compliance Officer to investigate the concern.

Members of the MGH workforce may also report any compliance concerns to the HR Compliance Officer (207-626-1834), the HIPAA Privacy Officer (207-626-1534), or the IT Security Officer (207-624-4300).

Investigations

The CCO is responsible for reviewing, assessing and, as appropriate, investigating reports of possible misconduct from employees, independent contractors or anyone else who contacts the CCO or the MGH Compliance Helpline.

MGH Internal Investigative Protocol

Upon receiving a report from an individual or the Helpline, a report log of the contact will be kept in which the CCO will record pertinent data. All reports will be retained in a secure location. If the CCO concludes, based upon the initial review of a report, that the report contains allegations that should be investigated further, the CCO will initiate an investigation.

Information received by the CCO will be treated as confidential to the extent possible under applicable law. However, there may be times when a reporting individual's identity may be disclosed, as required by law or in order to fully investigate the issue. MGH will not retaliate in any manner against anyone who, in good faith, reports known or suspected violations of laws or rules, suspected violations of the Code or other ethics or compliance concerns.

The CCO will review and log any reports of compliance concerns or violations. Not every report will necessarily result in an investigation. Many issues may be addressed informally through discussion or education. However, reports raising issues relating to areas of legal or regulatory risk, such as concerns about charging, billing or overpayment issues, may require a formal investigation. The CCO will have primary responsibility for conducting investigations of such concerns, but may seek the assistance of others, including legal counsel, appropriate consultants, the Human Resources Director, the HIPAA Privacy Officer, the appropriate department director or manager or others. In all such consultations, MGH will strive to maintain the

maximum confidentiality protection permitted by law. The CCO shall periodically provide information about investigations and other compliance matters to the Board of Directors, the Chief Executive Officer and senior management, where appropriate, in light of confidentiality issues.

In general, the investigation process will involve:

- (i) stopping the activity or practice at issue, pending the outcome of the investigation;
- (ii) obtaining appropriate guidance as to whether the activity or practice raises compliance concerns;
- (iii) determining the scope of the potential problem;
- (iv) developing an appropriate audit or review methodology to assess the impact or effect of the problem, with the use of external consultants if appropriate; and
- (v) developing and implementing a corrective action plan, including but not limited to any necessary repayments, disclosures or voluntary self-reports.

Upon the conclusion of any investigation, the CCO will prepare a report that defines the nature of the compliance situation or problem, summarizes the investigation process, identifies the parties responsible for the problem and outlines the corrective actions taken. The CCO will keep the Compliance Steering Committee and the Board of Directors advised on a periodic basis of the status of all open investigations.

Unintentional Errors

In the event an investigation reveals a problem that appears to be an unintentional error, the following actions, in collaboration with various departments and legal counsel, if necessary, will also be taken:

- If overpayments have been received from Medicare, Medicaid or other health care programs because of errors or mistakes:
 - (i) the defective practice or procedure will be corrected as quickly as possible;
 - (ii) the improper overpayments, if any, will be calculated and repaid to the appropriate payer;
 - (iii) a program of education will be undertaken with appropriate individuals to prevent similar problems in the future; and
 - (iv) follow-up monitoring will be implemented to ensure that the updated processes and controls are working.
- If no overpayments have been received:
 - (i) the defective practice or procedure will be corrected as quickly as possible; and
 - (ii) a program of education will be undertaken with appropriate individuals to prevent similar problems in the future.

The HR Director shall be involved in any corrective action taken when results of an investigation identify an MGH individual whose conduct did not meet MGH's standards.

Intentional Noncompliance

In the event that an investigation discloses what appears to be intentional noncompliance on the part of an individual or entity, the following actions shall be taken:

- The practice at issue will immediately be suspended pending the outcome of the investigation.
- The MGH individual may be placed on administrative leave, with or without pay, until the investigation is concluded.

- If the investigation determines that the MGH individual acted intentionally, willfully or with reckless disregard for applicable laws or regulations, the individual will be subject to disciplinary action, up to and including termination of employment.
- If the investigation determines that the practice at issue was inappropriate, MGH will correct the practice immediately, including making any necessary repayments.
- If the investigation determines that a non-MGH individual or entity acted intentionally, willfully or with reckless disregard for applicable laws or regulations, MGH may notify state or federal agencies as appropriate. Legal counsel will be consulted as necessary.

Program Controls and Corrections

The goal of the Program is not only to prevent compliance issues, but also to correct compliance problems that may occur, so that MGH may continue providing health care in an appropriate, professional and lawful manner. Once an investigation has been completed, therefore, MGH will implement process controls and corrective actions to ensure that the compliance issue does not occur again.

Risk Evaluation Activities

Internal Self-Monitoring

Regular monitoring for compliance with appropriate state and federal guidelines and regulations, as well as with system-wide policies, is central to preventing and catching errors and to reinforcing best practices, particularly those which relate to Medicare, Medicaid and other regulations. The Compliance staff, in collaboration with department directors or designated staff, will train individual department directors or their designated staff in self-monitoring techniques. The responsible staff members will report the results of their self-monitoring reviews at quarterly meetings and the results will be reported to the Compliance Steering Committee. Regulatory, financial and clinical/quality activities will also be reported on a regular basis. Self-monitoring and supporting documentation will be maintained in the appropriate department files. Self-monitoring may include retrospective sample reviews, concurrent reviews or other methods as determined appropriate for that department's activities.

External Audits

From time to time, MGH may engage external auditors or consultants to evaluate certain aspects of its billing and coding activities, or other compliance risks. In order to maintain appropriate confidentiality protection for these self-critical studies, external audits of compliance-related activities will generally be conducted through legal counsel, except as otherwise determined by the CCO. The results of such external audits will be reported to the CCO and to appropriate managers and supervisors.

Government Requests

Government agencies, such as the OIG, the Centers for Medicare and Medicaid Services (CMS), the Medicare Fiscal Intermediary (FI) or the Maine Department of Health and Human Services may contact MGH from time to time with requests for information relating to certain aspects of MGH's regulatory compliance, which may

include requests for a review or an audit, or which may suggest the need for MGH to conduct such a review or audit. Whenever such a request is received, the department receiving the request will advise the CCO as soon as possible.

In many instances, the department receiving the agency request will be able to address the request by conducting its own reviews or audits. The Compliance staff will design an appropriate audit or review methodology, develop any necessary corrective action, educate department staff regarding issues identified as the result of such audits, monitor corrective action plans and controls and take any further action that may be appropriate. In assisting the department receiving the agency request, the Compliance staff will work in collaboration with other MGH departments having particular expertise, such as HR, Audit, Patient Financial Services or Health Information Services, as required. If necessary, the CCO may request the assistance of legal counsel in completing any of these responsibilities.

Corrective Actions

If either internal or external reviews reveal deficiencies, the Compliance staff will work with the applicable departments to develop appropriate corrective actions. In the spirit of knowledge and collaboration, departments should not develop independent corrective action plans or hire consultants to respond to compliance issues without the knowledge or involvement of the CCO.

Coordination with Ethics and Compliance Department

The CCO must be notified of all results of audits or other reviews performed by MGH personnel, external consultants or government auditors, whether or not such audits identify potential compliance issues. Written results of all internal or external reviews will be kept on file in the Ethics and Compliance Department.

Audit Activity Confidentiality

Any internal or external reviewers or auditors who may be afforded access to MGH information in order to carry out audit activities shall be held to MGH's confidentiality requirements. Access to patient medical or billing information for review or audit activities does not constitute authorization to use such information for anything other than this monitoring purpose. Members of the MGH workforce carrying out such activities are subject to all MGH policies regarding confidentiality of protected health information. External auditors may be requested to sign a confidentiality agreement or a HIPAA Business Associate Agreement, as appropriate.

Ethics and compliance training and education will be provided to all members of the MGH workforce, including the Board of Directors and senior management. The CCO in conjunction with Human Resources and others will create or identify appropriate programs for new and existing personnel. The focus of the initial compliance training will be the Comprehensive Compliance Program as well as the applicable federal and state laws and regulations that apply to MGH's operations, including but not limited to Fraud and Abuse education. When an area of perceived compliance risk involves specialized issues not of general concern to the entire employee population, the CCO may direct certain employees or contractors to attend appropriate continuing education courses offered by commercial conference organizers or government agencies. All participants will be required to sign an attendance sheet at each internal training session that is conducted or certify attendance at external training sessions.

Conclusion



Through the Compliance Program, as outlined in this document, MGH will work toward maintaining a health care system that effectively prevents or detects wrongdoing, corrects errors and improves processes. MGH's primary compliance tools are education, training and communication. Everyone associated with MGH is a member of the compliance team and can help MGH achieve its compliance goals.

Appendix A: Compliance Program Policies

Ethics and Compliance-Related Policies

- LD-01: Corporate Compliance Helpline
- LD-04: Accessing Legal Services
- LD-22: Gifts to Workforce Members
- LD-23: Conflict of Interest
- LD-27: Standards of Conduct for Billing Federal Health Programs
- LD-28: Physician Recruitment and Retention
- LD-33: Advanced Beneficiary Notice
- LD-35: Culture of Safety

Patient Rights Policies

- RI-01: Organizational Ethics
- RI-03: Ethics Advisory Committee
- RI-09: Patient Rights and Responsibilities

Environment and Facilities Management Policies

- EC-02: OSHA Inspections
- EC-16: Safety and Environment of Care Management Plan
- EC-20: Smoking Policy
- EC-28: Hazardous Chemical Disposal

Human Resources Policies

- HR-01: Employment Philosophy
- HR-08: Anti-Harassment
- HR-11: Substance Abuse
- HR-17: Assessment, Maintenance and Improvement of Competence and Performance
- HR-18: Discipline and Discharge
- HR-22: Fraud and Abuse Compliance Workforce Information and Education
- HR-23: Personnel Records

Provision of Care Policies

- PC-39: EMTALA Compliance

Information Management Policies

- IM-04: Security and Confidentiality of Electronic Information
- IM-05: Record Maintenance Requirements
- IM-06: Release of Health Care Information
- IM-07: Faxing Protected Health Information

Appendix B: MGH Corporate Compliance Staff Directory

MaineGeneral Health Ethics and Compliance Department:

Marci Alexander	Chief Compliance Officer	(207) 624-4222
Lynette Berger	Sr. Corporate Ethics & Compliance Specialist	(207) 626-1300
Pat Boisvert	Sr. Corporate Ethics & Compliance Specialist	(207) 626-7265
Dennis Powers	Sr. Corporate Ethics & Compliance Specialist	(207) 626-1137

MaineGeneral Medical Center:

Sherry Charrier	Revenue Cycle Compliance Specialist	(207) 872-4001
Judy Clukey	Laboratory Compliance Manager	(207) 872-1228
Karen Gallup	Human Resources Compliance Officer	(207) 626-1834
Genevieve Hall	HIS Compliance Specialist	(207) 872-1277
Kate Hoak	Lab Data Compliance Auditor	(207) 626-1658
Leslie Langley	Imaging Compliance - Waterville	(207) 872-1236
Shirley Warren	Imaging Compliance - Augusta	(207) 626-3689
Mardi Ridlon	Cancer Center	(207) 626-4808

Accreditation:

Denise Gay	Dir. Accreditation and Regulatory Standards	(207) 872-1483
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IT Security:

Charles Pritchard	Dir. IT Security/IT Security Officer	(207) 624-4300
Michael Anderson	IT Security Analyst	(207) 626-1847

HIPAA Privacy:

Elliot Sarantakos	Dir. Risk Management/Privacy Officer	(207) 626-1534
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MaineGeneral Rehabilitation & Nursing Care:

Joyce Hemeon	Compliance Officer	(207) 626-1770
Christie Paradis	Finance Compliance Contact	(207) 626-1459

HealthReach:

Sarah Firth	Compliance Officer	(207) 465-3174
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MaineGeneral Health Associates:

Judy Boutilier	Sr. Compliance Auditor	(207) 624-4238
Cathleen Weeks	Sr. Compliance Auditor	(207) 621-7214

Physician Advisor:

Steven Diaz, MD	V.P. Medical Administration	(207) 872-1047
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MDFMR (Residency) Program:

Nancy Weingarten	Compliance Officer	(207) 626-1893
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Appendix C: MGH Values & Standards

All MaineGeneral Health employees abide by a code of values and standards that are woven into the fabric of everything our organization does. These values and standards are represented by the acronym RESPECT:

- R** Respect. We treat everyone with dignity, respect and empathy. We treat our patients, their families and our fellow employees the way each of us would like to be treated.
- E** Excellence. We demand the best of ourselves in caring for others. We are committed to providing leadership in the provision of health services. We maintain high expectations of ethical behavior and personal expertise in our fields.
- S** Service. We are here to serve. To do so, we must understand and strive to exceed the needs and expectations of those we serve.
- P** Professionalism. We are entrusted with our organization's assets. We are accountable to our patients and the community for our individual performance, including our stewardship of MGH's resources.
- E** Empathy. We make time to listen and understand what people are experiencing. We offer comfort and compassion in a respectful and caring manner.
- C** Communication. The key to effective communication is listening. Each of us has a responsibility to communicate with sensitivity and honesty in a clear, direct manner with patients, families and each other.
- T** Teamwork. We are a team working together to accomplish our mission. Our success depends upon the collective efforts of each individual. Working together, we are able to accomplish much more than we can individually.



Appendix D: MGH Core Compliance Principles

Honest and ethical conduct

Compliance with highest ethical standards.

We are committed to maintaining the highest ethical and professional standards and to acting with integrity in all of our activities. We pledge to treat our patients, visitors and fellow workforce members with courtesy, dignity, honesty and respect.

Avoid conflicts of interest.

As members of the MaineGeneral Health workforce, we agree to:

- (1) faithfully and honorably carry out our duties;
- (2) avoid conflicts between our personal interests and our official responsibilities;
- (3) refrain from utilizing any position within MaineGeneral Health for personal gain or benefit;
- (4) report, in good faith, actual or potential conflicts of interest;
- (5) avoid not only actual conflict but any appearance of a conflict of interest as well.

Compassionate caregiving

Dedication to professional excellence

Teamwork

Compliance with the highest standards of patient care.

As members of the MaineGeneral Health workforce, we are dedicated to providing the highest quality of care and service to our patients, their families and the communities we serve. All patients must be treated with compassion and concern, and all care must be reasonable, necessary and appropriate to the situation and only provided by duly qualified personnel. We agree to properly screen and treat emergency patients in accordance with EMTALA regulations.

Teamwork is one of the keys to providing excellent patient care, and is essential to maintaining an effective compliance program. We all must work together as a team to help MaineGeneral Health provide thorough, compassionate health care services in a lawful and ethical way.

Adherence to laws, regulations, policies

Compliance with legal requirements.

We must become familiar with, and abide by, the letter and the spirit of the laws and regulations that apply to our positions and duties at MaineGeneral Health. If we are concerned about a mistake or have a question about the appropriateness of an action or inaction, we should speak to a supervisor, administrator or the Corporate Ethics and Compliance Officer. When in doubt, ASK!

Fairness - Conducting business practices with honesty and integrity.

We are expected to conduct all business with patients, payers, grantors, vendors, competitors and the academic and research community with honesty and integrity. Among other requirements, we are expected to adhere to all laws that prevent bribes or kick-backs, wrongful referrals, price fixing and improper sharing of competitive or protected information. All purchases of supplies and services must come from qualified sources and may not personally benefit an employee. We agree not to view or share protected business information unless it is part of our work.

Creation, maintenance and preservation of accurate records.

We understand that our records, documents and claims must be accurate, complete and in compliance with institutional and governmental requirements. We bill only for services actually provided and medically necessary, which are supported by required documentation. All bills must conform to applicable legal and payer requirements.

Compliance with environmental and occupational safety regulations.

We comply with the health and safety laws, regulations, policies and procedures that govern and protect all persons who come in contact with MaineGeneral Health facilities or personnel. We comply with all environmental laws, regulations, licenses, permits, approvals, storage and disposal requirements for any toxic or biohazardous materials.

Respectful environment

Zero tolerance for criminal or inappropriate conduct

Respect for patient privacy.

Just as we respect the integrity of each patient we serve, we also respect the privacy of each patient's personal and health care information. We comply fully with state and federal confidentiality rules; we do not publicly discuss patient information that we learn from our work; we never view patient information, either on paper or by computer, unless it is actually necessary for accomplishing our job.

Respect for the rights and dignity of employees, patients and others.

MaineGeneral Health is committed to providing an environment that respects the dignity of all employees, providers, patients, residents, volunteers, visitors and others who come into contact with any of our facilities. We are expressly prohibited from discriminating, harassing or harming anyone based upon race, religion, gender, sexual orientation, marital or parental status, national origin, citizenship or military status, age or disability. As reinforced by our Values and Standards, we are committed to maintaining a safe, healthy, courteous and appropriate professional environment.

Maintenance of a drug, alcohol and smoke-free workplace.

The illegal use, sale, purchase, transfer, possession or presence in one's system of alcohol and/or illicit drugs, as well as the smoking of any substance on the campus of any MaineGeneral Health facility, is strictly prohibited.

Effective communication

Honest, open conversations regarding crucial concerns.

Honest communication with colleagues and supervisors is critical to effective teamwork and to helping maintain MaineGeneral Health's excellent reputation in the community as an organization with integrity. To that end, members of the MaineGeneral Health family are encouraged to discuss concerns with colleagues, supervisors, administrators and the Chief Compliance Officer.

Reporting violations of this Code; promise of no retaliation; enforcement.

Open communication applies to our compliance concerns as well as to our day-to-day work responsibilities. Each of us is expected to uphold this Code of Ethical Conduct and report any suspected violation to a supervisor, a Corporate Compliance Officer, the Human Resources Department, HIPAA Privacy Officer or the MaineGeneral Health Compliance Helpline at 621-9350.

It is a violation of this Code of Ethical Conduct and the Corporate Compliance Program to retaliate or take any adverse action against anyone making a good faith report of a concern or potential compliance violation, whether or not the report is proven after investigation.

A report may be made anonymously (by mail or the Helpline). MaineGeneral Health, if requested, will make every reasonable effort to keep confidential the identity of anyone reporting a suspected violation, to the extent permitted by law.

Reports of suspected violations will be investigated by authorized personnel. Each of us is expected to cooperate fully with any investigation undertaken. Violations of this Code of Ethical Conduct will not be tolerated and may lead to disciplinary action, up to and including termination.



Your resource for life.

MaineGeneral Health

Ethics and Compliance

157 Capitol Street

Augusta, Maine 04330

Phone: (207) 624-4222

Compliance Helpline: 621-9350

www.mainegeneral.org