

RESPONSIBLE DEPARTMENT: Corporate Compliance	SUBJECT: Compliance Participation and Discipline
NUMBER OF PAGES: 3	REPLACES POLICY: 03/2023
EFFECTIVE DATE: APRIL 2024	POLICY ID. ADM-CC

SCOPE:

This policy applies to all employees at Community Memorial Hospital (CMH), Family Health Centers (FHC), and Specialty Clinics.

PURPOSE:

The purpose of this policy is to ensure all affected individuals are aware of their obligations and responsibilities to adhere to the compliance program and policies, code of conduct and any applicable laws, rules and regulations as well as their responsibility to report any potential violations. This policy shall be published and disseminated to all affected individuals and shall be incorporated into Community Memorial Hospital's Compliance Training Plan.

POLICY STATEMENT:

It is the policy of Community Memorial Hospital to take responsibility of hospital employees, senior leadership, managers, board members, medical staff members, contractors, agents, subcontractors, independent contractors, and volunteers (collectively referred to as affected individuals) to abide by federal and state laws and regulations, hospital policies and procedures and to support the hospital's compliance efforts, and participate in the corporate compliance program.

Accordingly, each person must report his/her good faith belief of any suspected or actual violation of applicable local, state or federal law or hospital policies and procedures, including, without limitation, the hospital's compliance program and code of conduct. In addition, they must refuse to participate in unethical or illegal conduct and any such conduct must be reported to the compliance officer. A violation could be fraudulent billing suspicion, incorrect patterned claim activity, misrepresentation, stealing, breach of rules both internal and external, etc. In support of this principle, the hospital has also adopted a strict non-intimidation, non-retaliation stance prohibiting any intimidation and/or retaliation against any person who in good faith reports a suspected or actual violation.

PROCEDURE:

1. Obligations to Participate in Compliance Program

- a. All affected individuals are required to abide by applicable state and federal laws and regulations, and all policies and procedures of the hospital, including without limitation the compliance program and the code of conduct.
- b. Affected individuals shall report suspected, potential or actual violations of applicable law and regulations, the compliance program and/or code of conduct
- c. Failure to report possible improper conduct is itself a violation of hospital policy, the corporate compliance program and the code of conduct and may subject the individual to discipline, up to and including termination.
- d. Affected individuals shall participate in compliance education and training at least annually. Employees shall participate in compliance education and training during New Employee Orientation and at least annually thereafter, and shall participate in compliance activities and additional training as required by their respective departments.

2. Confidentiality

- a. The hospital shall ensure that the confidentiality of individuals reporting compliance concerns be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under

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investigation by, MFCU, OIG or law enforcement, or disclosure is required during a legal proceeding, and individuals will be protected under the hospital's policy on non-intimidation and non-retaliation (P0170).

3. Disciplinary Action

- a. Affected individual's actions (or inaction) that may result in discipline, which may include oral or written warnings, suspension and/or termination, include, but are not limited to the following:
 - i. Authorizing or participating directly in actions that are in violation of any applicable local, state or federal law/regulation or the compliance program, the code of conduct or hospital policies and procedures.
 - ii. Deliberately failing to report a violation or deliberately withholding relevant and material information concerning a violation.
 - iii. Retaliating, directly or indirectly, or encouraging others to do so, against any employee who reports a violation; or
 - iv. Fabricating or knowingly misrepresenting facts concerning a compliance investigation. Crouse Hospital will follow its Human Resources Handbook (Doc #7523) levels of discipline. A department head and/or compliance may recommend dismissal/termination if an individual engages in continual or flagrant misconduct.

4. Fair Enforcement of Discipline

- a. The hospital shall enforce sanctions and discipline resulting from a violation of this policy in a fair and consistent manner, in accordance with applicable Human Resources policies and procedures and collective bargaining agreements.

DOCUMENTATION: Applies to Hospital Wide

DEFINITIONS:

- **Affected Individuals:** All persons who are affected by the provider's risk areas including employees, chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing and corporate offices.
- **MFCU:** Medicaid Fraud Control Units
- **OIG:** Office of Inspector General

REFERENCES: NOT APPLICABLE

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Approved by:



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