

ELLENVILLE REGIONAL HOSPITAL

TITLE: Corporate Compliance Program		Page 1 of 20
DEPARTMENT: ADMINISTRATION		
OTHER AFFECTED DEPTS:		
APPROVED BY: John Gavaris, Corporate Compliance Officer		EFFECTIVE: 5/11
REVIEWED: 7/19, 7/20, 7/21, 7/22, 7/23, 7/24, 7/25	REVISED: 9/12, 8/13, 5/14, 3/15, 9/15, 1/16, 6/16, 7/17, 12/17, 7/18, 10/23, 9/25	

Ellenville Regional Hospital (ERH) is proud of its reputation for consistently practicing the principles of service, honesty, respect and performance. Our Corporate Compliance Program is designed to enhance our understanding of acceptable behavior and appropriate decision-making. It is everyone's duty to promptly report any activity that appears to violate ERH's Code of Conduct or any laws, regulations or organizational policies. All employees must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid the appearance of impropriety. The Corporate Compliance Program is based upon the US Department Health & Human Services-Office of the Inspector General Guidance, as well as Section 363-D of the NYS Social Services Law, both of which detail the elements of an effective compliance program.

ERH MISSION

Ellenville Regional Hospital provides exceptional health care services to all people who live in, work in and visit our surrounding communities. This health care is delivered with compassion and respect based on our commitment to improving our community health through excellence, innovation and state-of-the-art technologies.

ERH VISION STATEMENT

- To be the Nation's model for Critical Access Hospitals.
- To deliver comprehensive services in collaboration with other community-based health care providers.
- To provide continuity of care to patients and their families through innovative programs and services, and through our affiliation with other health care providers in the region.

- To expand our role in training the next generation of health care providers in the region.

Values Statement

Ellenville Regional Hospital is committed to the continuous improvement of quality in all aspects of patient care. To achieve the highest level of quality, excellence must be present in all activities. Our values define the personal commitment to excellence from the entire hospital community.

- SERVICE
- INTEGRITY
- COMPASSION
- RESOURCEFULNESS
- INNOVATION
- COMMUNITY GOVERNANCE

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Section I: Purpose and General Responsibilities

A. Statement of Purpose

“Ellenville Regional Hospital will provide quality health care services through the use of available resources, to meet the need of the people who live, work in or visit our surrounding communities. This health care will be delivered with a compassionate and respectful attitude, for the patients, their families and friends.” – ERH Mission

Ellenville Regional Hospital, its Board members, Medical Staff as well as its employees, contractors, agents, consultants, volunteers, and others who act on the Hospital’s behalf (“Staff”) have a responsibility to the Hospital’s patients, Federal and State Governments, other Hospital supporters and the communities served by Ellenville Regional Hospital to conduct themselves prudently, responsibly, in furtherance of, and consistent with, the Hospital’s charitable purposes and non-profit, tax-exempt status, and in the best interests of the Hospital’s patients.

B. General Responsibilities

The Board of Trustees of Ellenville Regional Hospital recognizes the paramount importance of maintaining the Hospital's reputation for integrity that includes, but is not limited to, assuring compliance with applicable Federal, State, and local laws and regulations, as well as fulfilling contractual obligations.

1) Individual Responsibility

Every member of the Hospital's Board, Foundation Board, Medical Staff and Staff is responsible for ensuring that their conduct is consistent with the organization's Code of Conduct, with Ellenville Regional Hospital policies and procedures, and with generally accepted standards of professionalism, courtesy, and respect. Furthermore, the Hospital's Staff in supervisory positions must assume, and are charged with, responsibility for ensuring that the conduct of everyone they supervise complies with these standards.

2) Compliance with Laws and Regulations

Board members, Medical Staff and Staff are expected to comply with all laws and regulations applicable to the operations of the Hospital, including, but not limited to billing and coding requirements; the maintenance of accurate and complete business records; and requirements related to procurement standards.

3) Confidentiality of Information

Staff may acquire confidential or proprietary information by virtue of their affiliation with the Hospital. Confidential or proprietary information may not be: (1) disclosed outside of Ellenville Regional Hospital without appropriate authorization or (2) used for personal gain or for the benefit of a third party.

4) Gifts

- a) No Ellenville Regional Hospital Staff may solicit or accept gifts, gratuities, favors or anything of value from any current or potential patient, vendor or contractor or potential contractor of Ellenville Regional Hospital or any current or potential party to a sub-agreement with the Hospital. Every Ellenville Regional Hospital Board and Staff member will decline or return any gift and notify the Compliance Officer of such gift.
- b) A "gift" means anything of value except for promotional materials of little or nominal value such as pens, calendars, mugs, and other items intended for wide distribution and not easily resold. Gifts

include (but are not limited to): personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like.

- c) Ellenville Regional Hospital will immediately dismiss any Board, Medical Staff or Staff member found to have offered or accepted a bribe to secure funding or other benefits for or from the Hospital.

5) Conflicts of Interest

a) General Prohibition

- i. Ellenville Regional Hospital Staff must strive to make decisions fairly and objectively with the best interests of Ellenville Regional Hospital in mind. No Staff will participate in the Hospital's selection, award or administration of any contract or grant, paid in whole or in part with Federal funds, when a real or apparent conflict of interest is involved;
- ii. "A conflict of interest" arises whenever the Interest of a person competes with or has the potential to compete with the best interests of the Hospital. A conflict is presumed to exist if a person with an Interest is involved in any way in the transaction or arrangement in which he or she has such Interest;

b) Interest

- i. A person has an "Interest" if he or she has, directly, or indirectly through a family member or business partner engaged in any transaction or arrangement that they could have benefitted from;

6) Honest Dealing with Government Officials

Board members and Staff will be cooperative and truthful in their dealings with any governmental inquiries or request, including audits, surveys, and certifications reviews. However, Ellenville Regional Hospital Staff who are not authorized to speak on behalf of Ellenville Regional Hospital will not respond to any governmental inquiries or request, including audits, surveys, and certifications reviews and will promptly report any such inquiries or requests to the Hospital's

Chief Executive Officer (“CEO”), Compliance Officer or other member of senior management.

Section II: Compliance Officer

A. Authority

The Compliance Officer has principal authority and responsibility for the development, implementation, oversight, and evaluation of all aspects of Ellenville Regional Hospital’s Compliance Program. The Compliance Officer is authorized to investigate all instances of suspected illegal or unethical conduct and may, upon obtaining appropriate authorization, and consistent with the Hospital’s budget constraints, seek the advice of qualified legal counsel and hire outside investigators and/or consultants. In holding such authority, the Compliance Officer is assured direct access to the Hospital’s President and, together with the President, to Ellenville Regional Hospital Board of Trustees—unless the matter involves Ellenville Regional Hospital President; in which case the Compliance Officer may report independently to the Board of Trustees—and to qualified legal counsel for the purpose of making reports and recommendations on compliance matters.

B. Reporting

The Compliance Officer will be a member of the Hospital’s senior management and will report directly to the President, who will oversee the individual’s performance as the Compliance Officer, which may include meeting certain professional goals and objectives; recruiting, supervising, and mentoring subordinates; demonstrating and encouraging leadership; and/or maintaining good judgment and discretion in carrying out the duties of the Compliance Officer.

C. Duties

The Compliance Officer will have all of the duties and responsibilities that are ordinarily delegated to Compliance Officers. As part of these duties and responsibilities, the Compliance Officer is responsible for the following Compliance Program activities on behalf of the Hospital:

- 1) Overseeing and monitoring the development and implementation of the Hospital’s Compliance Program;
- 2) Directing methods to improve the Hospital’s efficiency and quality of services and to reduce the Hospital’s vulnerability to fraud and abuse, such as conducting periodic audits, developing effective lines of

communication on compliance issues, and preparing, maintaining, implementing, and disseminating written practice standards and procedures;

- 3) Periodically revising the Compliance Program, or recommending such revisions, in light of changes in the needs of Ellenville Regional Hospital or changes in the law and/or in the standards and procedures of government and private payor health plans;
- 4) Developing, coordinating, and participating in training programs that focus on the components of the Compliance Program and seek to ensure that all Ellenville Regional Hospital Board members, as well as employees, contractors, agents, consultants, volunteers, and others who act on the Hospital's behalf ("Staff") are knowledgeable of, and comply with, pertinent Federal and State standards and the requirements of the Hospital's Compliance Program;
- 5) Ensuring that the Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals have been checked with respect to all Board members, Medical Staff and Staff, as well as all applicants for Board, Medical Staff or Staff membership;
- 6) Investigating, independently or with qualified legal counsel, and acting on any report or allegation of unethical or improper conduct or business practices, and implementing and monitoring appropriate corrective action and/or subsequent compliance;
- 7) Directing the implementation of corrective actions in response to reports or findings of potential non-compliance, including conferring with the Chief Human Resources Officer regarding the enforcement of disciplinary action;
- 8) Reporting information on the activities of the Compliance Program to the President and Board of Trustees on an annual basis;

D. Compliance

This position requires compliance with the Hospital's written standards, including its Code of Conduct and policies and procedures. Such compliance will be an element considered as part of the Compliance Officer's regular performance evaluation.

Failure to comply with the Hospital's Written Standards, which may include the failure to report any conduct or event that potentially violates legal or

compliance requirements or the Hospital's Written Standards, will be met by the enforcement of disciplinary action, up to and including possible termination, in accordance with the Hospital's Disciplinary Policy.

Section III: Training and Education

A. Policy

It is the policy of Ellenville Regional Hospital to offer ongoing and regular educational and training programs so that all Board members, Medical Staff and Staff are familiar with the Hospital's Compliance Program and understand the fraud and abuse laws as well as the requirements imposed by Medicare, Medicaid, and other applicable Government and commercial third party payors.

B. Procedure

1) General Compliance Training

All Ellenville Regional Hospital Board members, Medical Staff and Staff will receive initial and ongoing training and education on the Hospital's Compliance Program; to educate all Board members, Medical Staff and Staff on how to perform their jobs in compliance with all applicable laws and regulations and with the Hospital's written Code of Conduct and specific policies and procedures. Training will emphasize that Staff have a duty to report known or suspected misconduct and may be subject to disciplinary action if they fail to report the misconduct. Training and education will address the Hospital's Code of Conduct, applicable fraud and abuse laws, general requirements governing coding and billing of health care services and items, changes in the laws and in the Hospital's written policies and procedures, and areas of risk specific to Ellenville Regional Hospital or otherwise identified as relevant.

2) Specialized Coding and Billing Training

In addition to the more general Compliance Program training described in this policy and procedure, Ellenville Regional Hospital will, at least once a year, educate and train all Staff with direct responsibility for coding and billing, including providers and other clinical staff, on the specific requirements relating to these job functions.

3) Other Specialized Training

Ellenville Regional Hospital will routinely, and as needed, conduct specialized training on other areas of risk relevant to Ellenville Regional Hospital for the purpose of educating and training its Board members, Medical Staff and/or Staff on performing their job functions in a manner that complies with all applicable laws, implementing regulations, and standards.

4) Signed Acknowledgment

All Board members, Medical Staff and Staff will sign acknowledgment that they have completed Corporate Compliance Training.

5) New Employees

New Board Members, Medical Staff and Staff will receive compliance training and education as part of their employment orientation or as soon as possible after the beginning of their employment.

6) Role of the Compliance Officer

General compliance training and education will be conducted by, or under the direction of, the Compliance Officer and they will arrange more specialized training as needed. The Compliance Officer will be responsible for developing, conducting, and monitoring all education and training activities and will keep a written record of the education and training efforts developed and implemented by the Hospital, including documentation of each Board, Medical Staff and Staff member's participation in on-site and outside training and education activities. Participation in and attendance at training sessions will be considered when reviewing Staff performance.

Definitions

- 1) Staff.** Staff includes employees, contractors, agents, consultants, volunteers, and others who act on the Hospital's behalf.

Section IV: Communication

A. Policy

Ellenville Regional Hospital is committed to providing patient care and conducting its business in a manner that complies fully with applicable law, regulation, guidance, program requirements, and the Hospital's Code of Conduct. To support this commitment and to protect the Hospital's reputation, all Staff, must report suspected unethical or illegal conduct. No retaliatory action will be taken against any individual who, in good faith, reports suspected or known instances of non-compliance.

B. Procedure

1) Affirmative Duty to Report

Staff who is aware of or suspects a violation of law, regulation, guidance, program requirements or the Hospital's Code of Conduct or other policies and procedures have an affirmative duty to report this information without regard to the identity or position of the suspected offender. In general, reports should be made to the Staff member's supervisor or through the normal chain of command. However, Staff may also report the information directly to the Compliance Officer if desired.

2) Open Door Policy

Ellenville Regional Hospital adheres to an "Open Door Policy," and encourages colleagues to discuss any issues, concerns, problems and suggestions with their immediate supervisor or other manager without fear of retaliation and with the assurance that the matter will be kept as confidential as possible.

3) Anonymous Reporting

To make a report anonymously, anyone may communicate information to the Compliance Officer directly by sending an email to: compliance@erhny.org, or by contacting 845-647-6400 x400 (confidential voice mail). Ellenville Regional Hospital will make every effort to treat all reports confidentially and to protect the anonymity of the Staff who reported the information. However, under some circumstances, the reporter's

identity may need to be disclosed as part of our appropriate response to allegations of non-compliance.

4) Non-Retaliation

No retaliatory action will be taken against any Staff who, in good faith, reports suspected or known instances of non-compliance.

5) Failure to Report

Failure to report misconduct may result in disciplinary action against the Staff who failed to report the misconduct. In addition, managers and supervisors may be sanctioned for failing to detect non-compliance with applicable law or policies and procedures where reasonable diligence on the part of the manager or supervisor would have led to the discovery of a problem or violation.

C. Definitions

- 1) Staff.** Staff includes employees, contractors, agents, consultants, volunteers, and others who act on the Hospital's behalf.

Section V: Disciplinary Policies

A. General Responsibilities

The Board of Trustees of Ellenville Regional Hospital, Foundation Board members, as well as all Medical Staff and Staff members recognize the paramount importance of maintaining the Hospital's reputation for integrity that includes, but is not limited to, assuring compliance with applicable federal, State and local laws and regulations, as well as fulfilling contractual obligations.

1) Individual Responsibilities

Every member of Ellenville Regional Hospital's Board, Foundation Board, Medical Staff and Staff is responsible for ensuring that their conduct is consistent with the Hospital's Code of Conduct, with Ellenville Regional Hospital policies and procedures, and with generally accepted standards of professionalism, courtesy, and respect. Furthermore, the Hospital's Staff in supervisory positions must assume, and are charged with, responsibility for

ensuring that the conduct of everyone they supervise complies with the organization's Code of Conduct.

2) Compliance with Laws and Regulations

Board members, Medical Staff and Staff are expected to comply with all laws and regulations applicable to the operations of the Hospital, including, but not limited to billing and coding requirements; the maintenance of accurate and complete business records; and requirements related to procurement standards.

3) Disciplinary Action

If applicable, Ellenville Regional Hospital will initiate appropriate disciplinary actions, which may include, but is not limited to, reprimand, demotion, suspension, and/or termination. If an investigation uncovers what appears to be criminal conduct on the part of one or more Staff, appropriate disciplinary actions against the Staff who authorized, engaged in or otherwise participated in the offending practice will include, at a minimum, the removal of the person from the position of oversight and may include, in addition, suspension, demotion, and/or termination.

B. Failure to Report

Failure to report misconduct may result in disciplinary action against the Staff who failed to report the misconduct. In addition, managers and supervisors may be sanctioned for failing to detect non-compliance with applicable law or policies and procedures where reasonable diligence on the part of the manager or supervisor would have led to the discovery of a problem or violation.

Section VI: System for Routine Identification of Risk

A. Routine for Risk Assessment

The Corporate Compliance Officer and the Administrative Management develop auditing policies and procedures and a comprehensive annual plan for routine auditing and monitoring, include the use of audits and/or other risk evaluation techniques to monitor compliance and assist in the reduction of identified risk areas.

The plan focuses on high-risk areas identified by the OIG, CMS, law enforcement agencies, internal reviews, OIG Special Fraud Alerts, OIG audits and evaluations, and outside legal counsel.

In addition to audits completed by internal and external reviews, a comprehensive plan of self-auditing by individual departments is reviewed yearly with oversight from the Compliance Officer. The Corporate Compliance Officer maintains all records of monitoring and auditing activities; the results of audit findings are reported to the President and the Board of Trustees.

Upon report or reasonable indication of suspected non-compliance, the Corporate Compliance Officer will initiate prompt steps to investigate the conduct in question to determine whether a material violation of applicable law or the requirements of the compliance program has occurred, and if so, steps to correct the problem. As appropriate, such steps may include an immediate referral to criminal and/or civil law enforcement authorities, a corrective action plan, a report to the appropriate agency, and the submission of any overpayments, if applicable.

Depending upon the nature of the alleged violation(s), an internal investigation will include interviews and/or a review of relevant documents. Outside counsel, auditors, or health experts may assist in the investigation. Records of the investigation will contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of witnesses interviewed and the documents reviewed, the results of the investigation, any disciplinary action taken, and the corrective action implemented.

B. Annual Evaluation of Effectiveness

The Corporate Compliance Officer will oversee an annual review of the Corporate Compliance program.

Section VII: Responding Appropriately to Detected Offenses

A. Policy

The purpose of this Policy and Procedure is to ensure that Ellenville Regional Hospital responds to information that a Board Member, Medical Staff or Staff

is engaging in activity that may be contrary to applicable Federal or State law or the requirements of the Hospital's Compliance Program.

B. Procedure

1) Investigation

A) Purpose of Investigation

The purpose of an investigation is: (1) to identify situations in which applicable Federal or State laws or the requirements of the Hospital's Compliance Program may not have been followed; (2) to identify individuals who may have knowingly or inadvertently violated the law or the Hospital's Compliance Program requirements; (3) to facilitate the correction of any violations or misconduct; (4) to implement procedures necessary to ensure future compliance; (5) to protect Ellenville Regional Hospital in the event of civil or criminal enforcement actions; and (6) to preserve and protect The Hospital's assets.

B) Investigative Process

Upon receipt of information concerning alleged misconduct, the Compliance Officer will, at a minimum, take the following actions:

1. Complete a Compliance Report that includes, if known, the name of the individual who made the report, the date of the report, and a detailed narrative of the individual's concern. Anonymity of the individual who made the report (if requested) and confidentiality should be maintained to the extent possible.
2. Notify the President of the nature of the alleged improper conduct and, if the involvement of qualified legal counsel is appropriate, authorizing qualified legal counsel to initiate an investigation.
3. Ensure that the investigation is initiated as soon as reasonably possible. The investigation may include, as appropriate, but need not be limited to:
 - a) Interviews of all persons who may have knowledge of the alleged conduct and a review of the applicable laws,

regulations, and standards to determine whether or not a violation has occurred.

- b) Identification and review of relevant documentation to determine the specific nature and scope of the violation and its frequency, duration, and potential financial magnitude.
 - c) Interviews of persons who appeared to play a role in the suspected activity or conduct. The purpose of the interviews is to determine the facts surround the conduct, and may include, but will not be limited to:
 - i. The person's understanding of the applicable laws, rules, and standards;
 - ii. Identification of relevant supervisors or managers;
 - iii. Training that the person received; and
 - iv. The extent to which the person may have acted knowingly or with reckless disregard or with intentional indifference of applicable laws.
4. Assessment of the Hospital's potential liability by reviewing all of the claims affected or by reviewing a statistically valid sample of the affected claims.
5. For all investigations in which the Hospital's qualified legal counsel is not involved, ensure that significant developments are promptly reported to the Compliance Officer so that a determination can be made at any time during the investigation as to whether the Hospital's qualified legal counsel should be contacted.
6. Establish a due date for the summary report or otherwise ensure that the investigation is completed in a reasonable and timely manner and that the appropriate disciplinary or corrective action is taken, if warranted.

2) Organizational Response

A) Non-Compliance

In the event the investigation determines that there has been non-compliant activity, Ellenville Regional Hospital will undertake the following steps, as appropriate:

1. Ellenville Regional Hospital will, as quickly as possible, cease the offending practice. If the conduct involves the improper submission of claims for payment, Ellenville Regional Hospital will immediately cease all billing potentially affected by the offending practice.
2. Ellenville Regional Hospital will consult with qualified legal counsel to determine whether voluntary reporting of the identified misconduct to the appropriate governmental authority is warranted.
3. If applicable, Ellenville Regional Hospital will calculate and repay any duplicate or improper payments made by a Federal or State Government program as a result of the misconduct as will reporting such transgressions to OMIG or DOH as appropriate.
4. If applicable, Ellenville Regional Hospital will initiate appropriate disciplinary action, which may include, but is not limited to, reprimand, demotion, suspension, and/or termination. If the investigation uncovers what appears to be criminal conduct on the part of one or more Staff, appropriate disciplinary action against the Staff who authorized, engaged in or otherwise participated in the offending practice will include, at a minimum, the removal of the person from any position of oversight and may include, in addition, suspension, demotion, and/or termination.
5. Ellenville Regional Hospital will promptly undertake appropriate training and education of responsible staff to prevent a recurrence of the misconduct.
6. Ellenville Regional Hospital will conduct a review of applicable Hospital policies and procedures to determine whether revisions or the development of new policies and/or procedures are needed to minimize future risk of noncompliance.
7. Ellenville Regional Hospital will conduct, as appropriate, follow-up monitoring and auditing to ensure effective resolution of the offending practice.

C. Definitions

- 1) **Staff.** Staff includes employees, contractors, agents, consultants, volunteers, and others who act on the Hospital's behalf.

Section VIII: Employee Protection (Whistleblower) Policy

If an employee reasonably believes that some policy, practice, or activity of Ellenville Regional Hospital is in violation of law, a verbal or written complaint must be submitted by that employee to the Corporate Compliance Officer. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

It is the Intent of Ellenville Regional Hospital to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all employees is necessary to achieving compliance with various laws and regulations. An employee is protected from retaliation only if the employee brings the alleged unlawful activity, policy, or practice to the attention of Ellenville Regional Hospital and provides the Hospital with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

Ellenville Regional Hospital will not retaliate against an employee who in good faith has made a protest or raised a complaint against some practice of the Hospital, or of another individual or entity with whom Ellenville Regional Hospital has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy

Ellenville Regional Hospital will not retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of Ellenville Regional Hospital that the employee reasonably believes is in violation of law, or a rule of law, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning health, safety, welfare, or protection of the environment.

Questions / Complaints

Questions, guidance on ethics, compliance issues or HIPAA issues, should be directed to the Corporate Compliance Officer at (845) 647-6400 ext. 400 or email at compliance@erhny.org (Confidential). Detailed information can be provided related to the issue. Depending upon the nature of the issue, response will be provided within ten (10) business days of receiving confidential voicemail or email. The nature and outcome of an investigation is always confidential.

Staff

John Gavaris, Director of Support Services - Corporate Compliance Officer

Corporate Integrity Council:

Corporate Compliance Officer - Chair

Chief Human Resources Officer – Member

Chief Operating Officer – Member

Chief Nursing Officer - Member

CFO – Member

Manager – Health Information Management - Member

Manager – Patient Registration - Member

Network Administrator – Member

Application Support Specialist, RN - Member

Manager - Patient Financial Services - Member

This plan is effective upon approval of the Board of Trustees and will be reviewed annually to evaluate the effectiveness and to determine if changes/revisions are necessary.

ELLENVILLE REGIONAL HOSPITAL

Ellenville Regional Hospital

Corporate Compliance Hotline Report

IMPORTANT: This report is proprietary and contains information that is confidential.

Date _____ Time _____

Reported by _____ (Optional)

Did the person request to remain anonymous? ☐ Yes ☐ No

Contact Information _____

Description of the event _____

Persons involved _____

Department _____

Has this information been discussed with the Department Supervisor or appropriate authority? _____

If yes, who and when _____

Was there any attempt to resolve the situation? ☐ Yes ☐ No

Outcome: _____

Investigation _____

Signature, Corporate Compliance Officer

Date