

\* **KING'S DAUGHTERS MEDICAL CENTER**  
**POLICY AND PROCEDURE**

**ADMINISTRATIVE POLICY**  
**EFFECTIVE DATE: 02/08/16**

**SUPERSEDES AUDIT,  
COMPLIANCE & ETHICS  
PROGRAM POLICY DATED:  
12/17/13; 7/1/12**

**FILE: SECTION I (53)**

**SUBJECT: REPORTING AND  
INVESTIGATING POTENTIAL  
COMPLIANCE CONCERNS**

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\* **POLICY:** The Medical Center is committed to preventing, detecting, and correcting fraud, waste and abuse and to facilitate this reporting, the Compliance & Integrity Department maintains a reporting system whereby team members, medical staff, board members, volunteers and contractors/agents/vendors may report perceived or actual instances of fraud, waste or abuse, violations of the Code of Conduct, or any compliance issue. The Compliance & Integrity Department will timely and thoroughly investigate all such reports and implement appropriate corrective action, if necessary. The purpose of an investigation is to identify those situations in which the laws, rules and/or standards of federal programs and/or the Medical Center's policies may not have been followed as related to fraud, abuse, and waste.

**PROCEDURES:**

- \* 1. **Reporting.** All team members, medical staff, board members, volunteers and contractors/agents/vendors are expected to promptly report all instances of perceived or actual instances of fraud, waste, abuse, violations of the Code of Conduct, or any perceived compliance concern ("Concern"). It is the obligation of any leader to make sure a Concern is reported timely to the Compliance & Integrity Department or through the use of the following reporting options:
- 1.1. **Hotline.** Call the Medical Center's Hotline, phone number will be available on intranet. Caller may remain anonymous, if desired. Reports involving immediate danger to life, property or the environment should be brought to the immediate attention of the supervisor or appropriate person(s) so that any such concern may be promptly addressed.
  - 1.2. **Compliance Concern Form.** Complete the on-line Compliance Concern Form ("CCF") available at [teamkdmc.com](http://teamkdmc.com). The submitter of the CCF may remain anonymous, if desired. Reports involving immediate danger to life, property or the environment should be brought to the immediate attention of the supervisor or appropriate person(s) so that any such concern may be promptly addressed.

- 1.3. Compliance & Integrity Department. Contact Mona Thompson, Vice President/Chief Compliance Officer (606-408-4496) or Paula Willis, Compliance Officer (606-408-0161).
- 1.4. Other Reporting Resources. Reports may be presented orally or in writing to a Supervisor, Vice President, President or People Services.
- 1.5. Email. Send an email to [corporatecompliance@kdmc.kdhs.us](mailto:corporatecompliance@kdmc.kdhs.us). This is not an anonymous reporting option.

\* 2. Investigation and Response.

- 2.1. Upon the receipt of a Concern, the Compliance Officer will (a) enter the Concern in the Compliance Log (Log) and (b) in consultation and collaboration with the Vice President-Chief Compliance Officer, make a preliminary, good faith inquiry (Initial Review) into the allegations set forth in the Concern to ensure that all of the information necessary to determine whether a further review should be conducted.

If the Compliance Officer/Vice President-Chief Compliance Officer, based on the Initial Review, concludes that no formal compliance investigation is necessary, the Compliance Officer will: (a) respond to the inquiry as applicable; (b) document the results in the Log and (c) close the compliance review.

If the Compliance Officer/Vice President-Chief Compliance Officer, based on the Initial Review, concludes the Concern likely or possibly constitutes noncompliance, the Concern will be considered an open compliance investigation and a formal compliance investigation will commence. The compliance investigation may include, but not be limited to, the following: (a) conference with the Vice President/General Counsel, as appropriate; (b) development a written plan of investigation and corrective action in collaboration and counsel with the Vice President/General Counsel; and (c) development of a summary report<sup>1</sup>.

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<sup>1</sup> The summary report may include, but not be limited to, the following: (a) nature of the problem; (b) list of all known facts; (c) summary of investigative process; (d) identified person(s) or process(es) which the investigator believes to have contributed deliberately or with reckless disregard or intentional indifference or otherwise toward the suspected Concern; (e) document findings, recommendations, actions taken; and (f) estimate the nature and extent of any resulting overpayment by the payer, if any.

2.2. All information reported to the Compliance & Integrity Department, to the extent possible, is treated as confidential. Any individual who, in good faith, reports a possible compliance violation will not be subjected to retaliation or retribution for reporting such concerns. Information gathered during the investigation will be disclosed on a need-to-know basis, or as necessary to complete the investigation or to comply with disclosure laws.

2.3. Team members shall not hinder any compliance investigation or retaliate against any individual who may be involved in the investigation. Team members shall not discuss the investigation, the alleged misconduct, or the names of the individuals involved with persons other than those involved in the investigation or having investigative authority.

\* 3. Reporting. The Compliance Officer/Vice President-Chief Compliance Officer will, no less than annually, submit a report to the Compliance & Integrity Committee and the Board Planning & Finance Committee of Concerns received by the Compliance & Integrity Department.

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President/CEO