

Title: Reporting Compliance Concerns

Responsible Department: Administration	Date Created: 08/01/2005
Approver(s): Board of Trustees Designee, Corporate Compliance Designee, Keith Page, MEC Designee, Manager, Medical Staff Assistant, President & CEO	Date Approved: 02/09/2017

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Statement: The Anderson Compliance program (“Program”) requires that all staff comply with applicable laws, rules, and regulations,

The Program is the formal design that specifies our policies, procedures and actions that relate to these laws, rules and regulations and which must be actively in place and be followed to help prevent and detect violations of those laws, rules and regulations. The regulations impact all work, for example: labor and related laws that regulate employment, Medicare and Medicaid regulations, and the HIPAA Privacy and Security rules and subsequent HITECH Act.

Any Employee, Agent or medical staff member who in good faith believes that an activity may not comply with the laws or policies shall report such activity. The goal is to promote open communication on any compliance questions or concerns.

Guidelines/Procedures:

A. Compliance covers many aspects of Anderson entity activities. Following is the list of compliance related topics on which staff may have questions or concerns:

1. Discrimination
2. Harassment
3. Health and Safety
4. Drug Free Workplace
5. Conflicts of Interest
6. Employee Benefits
7. Handling of hazardous material and infectious medical waste
8. Billing
9. Medicare Cost Reports
10. Anti-Kickback
11. Stark Laws
12. Medical Necessity
13. Patient Safety, Security, Comfort
14. Confidentiality of Patient Information
15. Security of Electronic Patient Information
16. Emergency treatment

Title: Reporting Compliance Concerns

Responsible Department: Administration	Date Created: 08/01/2005
Approver(s): Board of Trustees Designee, Corporate Compliance Designee, Keith Page, MEC Designee, Manager, Medical Staff Assistant, President & CEO	Date Approved: 02/09/2017

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- 17. Patient Rights
- 18. Quality Measures

B. Information detailing each of these aspects is found in the Corporate Compliance Program policy, Code of Excellence/Code of Conduct, Human Resource Policies/Employee Handbook, departmental or organizational policies. All policies are housed in PolicyTech.

C. The groups listed in the Code of Excellence/Code of Conduct are required to report any concerns/questions related to ethical business conduct.

D. Staff may report compliance concerns in several ways:

1. Discuss with or submit a written report to their supervisor, Department Director, manager, Administrative Director, Human Resources, President of the Medical Staff or Compliance, or Privacy Officer
2. The Compliance or the Privacy Officer may also be contacted as follows:
 - a) Compliance Coordinator voicemail: 618-635-4245
lhuddleston@stauntonhospital.org
 - b) Privacy Officer voicemail: 618-635-4245
lhuddleston@stauntonhospital.org
 - c) In person
 - d) Use the hospital compliance hotline: 888-644-5762 or the website:
www.MyComplianceReport.com ID-CHOS
 - e) File an anonymous written report.

NOTE: for concerns related to Sexual Harassment, Discrimination, or employment, contact the Administrative Director, Human Resources.

E. Every concern will be investigated. Confidentiality will be maintained to the extent possible although absolute confidentiality cannot be guaranteed depending on the extent of the investigation. It is understood that disclosure of the reports to legal counsel or governmental authorities may be required.

F. It is expressly understood that no employee, agent or professional will be disciplined or retaliated against for reporting compliance concerns in good faith or for assisting in an

Title: Reporting Compliance Concerns

Responsible Department: Administration	Date Created: 08/01/2005
Approver(s): Board of Trustees Designee, Corporate Compliance Designee, Keith Page, MEC Designee, Manager, Medical Staff Assistant, President & CEO	Date Approved: 02/09/2017

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

investigation by HHS or other appropriate authority or for opposing an act or practice that the person believes in good faith violates the Privacy Rules. However, anyone who intentionally provides false, misleading or incomplete information will be subject to discipline.

G. The Compliance investigation is to be completed within 30 calendar days. In certain circumstances, it may be necessary to extend the investigation but not longer than a total of 60 calendar days. Privacy investigations are completed within 60 days from the date incident was discovered.

H. A response will be provided to the individual(s) initiating the concern without violating individual or hospital confidentiality practices if not filed anonymously.

I. A summary of concerns/activities is provided to the Corporate Compliance Committee and the President/CEO.

J. WHISTLEBLOWERS

1. A member of Anderson’s workforce or a Business Associate may disclose PHI in good faith if they feel a member of Anderson’s workforce has engaged in conduct that is unlawful or otherwise violates professional or clinical standards; or the care, services or conditions provided by a workforce member potentially endangers one or more patients, workers or the public to:

a. A Health Oversight Agency or Public Health Authority (e.g. IDPH, OSHA) that is authorized by law to investigate or oversee the conduct of an Anderson entity;

b. Joint Commission; or

c. An attorney for the purposes of determining the disclosing whistleblower’s options. This rule only applies to whistleblower actions against Anderson Affiliated Entities, not actions to expose alleged illegal or wrongful conduct of another person.