

**THE CHILDREN'S MERCY HOSPITAL
CORPORATE COMPLIANCE CONCERN REPORT FORM**

CONFIDENTIAL

Instructions:

This form is used to report compliance concerns. The Corporate Compliance Department will investigate the reported compliance concern and if your contact information is provided we will provide you with the investigation findings.

Complete the following section in as much detail as possible.

Incident Date(s):
Discovery Date(s):
Incident Category: <input type="checkbox"/> Billing/Reimbursement/Coding <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Contracts/Agreements and Contractual Relationships <input type="checkbox"/> Fraud, Abuse or Waste <input type="checkbox"/> Information Security <input type="checkbox"/> Patient Privacy <input type="checkbox"/> Research
Incident Location: <input type="checkbox"/> Adele Hall Campus <input type="checkbox"/> Broadway <input type="checkbox"/> College Boulevard <input type="checkbox"/> Crown Center <input type="checkbox"/> Don Chisholm <input type="checkbox"/> East <input type="checkbox"/> Home Care <input type="checkbox"/> Kansas Campus <input type="checkbox"/> ICS <input type="checkbox"/> Joplin <input type="checkbox"/> Northland <input type="checkbox"/> Research Institute <input type="checkbox"/> St. Joseph <input type="checkbox"/> West <input type="checkbox"/> Wichita
Department(s) involved in the Incident:
Individual(s) Involved: Include name, department if unknown provide a description
Witness(es) to the Incident: Include name, department and contact information

Detailed Description of the Incident: Who, What, When and Where Additional Information can be located.

Cause of the Violation (if known):

Actions Taken/Mitigation of Risk (if any):

Have you discussed this incident or concern any other CMH Employees, including your supervisor or manager? If so, please provide their names, department and contact information.

Would you be willing to discuss this concern with the Compliance Officer or a Corporate Compliance Team Member?

- Yes
- No

Optional Information

Your Name: _____ Position: _____

Department: _____ Location: _____

Telephone Number _____ Work _____ Home _____ Cell _____

Can we leave a message?

Yes

No

Best time(s) and day(s) to call:

NOTE: Every effort will be taken to ensure the confidentiality of this information. However, there may be circumstances where disclosure of this information may become necessary.

Although not required, you are encouraged to include your name, department and phone number where you can be contacted to ask additional questions and provide you with feedback. Inability of Compliance Department to contact reporter with follow-up questions can result in inability to fully investigate and address the concern.

If you choose not to include this information, it is suggested that you call the Compliance Officer within fifteen (15) days of submitting this report in order obtain an update on the report. You may reach the Compliance Officer at (816) 701-4570 during regular business hours.

The Reporting Form can be returned through any of the avenues below:

(1) Inter-office mail

(2) US Mail at:

Compliance Officer

Children's Mercy Hospital

2401 Gillham Road

Kansas City, MO 64108

(3) Scanned and emailed to compliance@cmh.edu.