

CHILDREN'S MERCY HOSPITAL CORPORATE COMPLIANCE PLAN



The Children's Mercy [Corporate Compliance Plan](#) is given to all Hospital Associates and can be accessed anytime via [Policy Manager](#). The Plan is also provided to Vendors via the [Children's Mercy public website](#).

Reviewed by Audit and Compliance Committee and recommended for approval by the Board on May 23, 2019; Reviewed and approved by the Board of Directors on June 18, 2019

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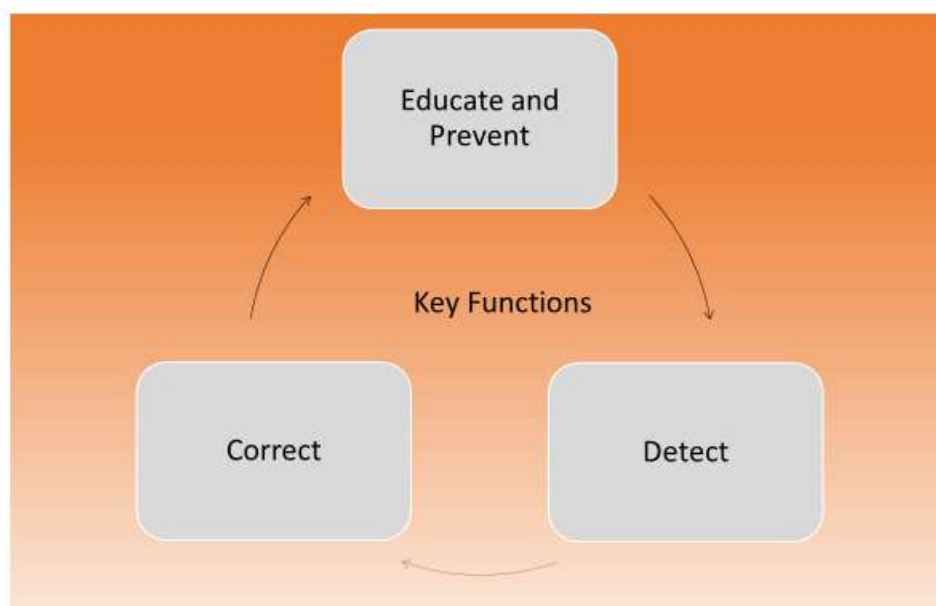
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INTRODUCTION

Children’s Mercy Hospital (“Children’s Mercy” or “Hospital”) is committed to ensuring compliance with all applicable laws, regulations, accreditation standards and payor requirements through the Children’s Mercy Compliance Program, while also providing world-class pediatric health care. Every Hospital department, including the Audit and Compliance Team, supports this commitment through education, support and guidance to ensure the **Clinical Services, Business Operations, Personnel Services and Research and Development** operate at the highest levels of ethics, integrity and compliance. This Corporate Compliance Plan (“Compliance Plan”) is a component of the Compliance Program and provides a guide to support the employees, Board members, executives, employed and non-employed health care professionals, health care professionals with clinical privileges, contract staff, volunteers, students and persons conducting research on behalf of Children’s Mercy (collectively referred to as “Hospital Associates”) in performing their job functions. Children’s Mercy makes this document and Deficient Reduction Act supporting documents available via the [Children’s Mercy public website](#) and expects all persons or entities acting, or providing services on behalf of Children’s Mercy to adhere to the laws and regulations applicable to their services and conduct.

Any questions about this Compliance Plan, the Code of Conduct or other related issues can be addressed to the Compliance Department at compliance@cmh.edu, or the Compliance Hotline at **816-460-1000**.

CHILDREN’S MERCY HOSPITAL COMPLIANCE PROGRAM



The Children's Mercy Compliance Program is designed to **EDUCATE** Hospital Associates regarding compliance with all applicable laws and regulations in order to **PREVENT** compliance violations. In addition, the Compliance Program is designed to **DETECT** potential and actual compliance violations and then **CORRECT** those violations that do occur. Children's Mercy is committed to ensuring compliance through adherence to the [Office of Inspector General's Seven Elements of an Effective Compliance Program](#), which include the following elements:

1. Implement written policies, procedures and standards of conduct.
2. Designate a compliance officer and compliance committee oversight.
3. Conduct effective training and education.
4. Develop effective lines of communication.
5. Conduct internal monitoring and auditing.
6. Enforce standards through well-publicized disciplinary guidelines.
7. Respond promptly to detected offenses, through investigations and corrective action.

COMPLIANCE PROGRAM SEVEN ELEMENTS

ELEMENT 1: IMPLEMENT WRITTEN POLICIES, PROCEDURES AND STANDARDS OF CONDUCT

Implementation of written policies, procedures and standards are demonstrated through the key compliance documents, the Compliance Plan, [Code of Conduct](#), and the [Fraud, Waste and Abuse Plan](#).

Children's Mercy is required to follow many laws, regulations, accreditation standards and ethical rules. The Audit and Compliance Team is responsible for ensuring Children's Mercy has written policies and procedures addressing specific areas of compliance. Hospital Associates are not expected to be experts in all the legal and regulatory requirements, but they are expected to understand that such requirements may exist and seek guidance when necessary. The Audit and Compliance Team helps to ensure Hospital Associates are **EDUCATED** on the pertinent requirements. The Audit and Compliance Team is also available to answer questions to help **DETECT** any possible compliance concerns. This Compliance Plan is also a useful tool for identifying areas of risk for heightened awareness. For example, common areas of risk in the hospital include:

- Submission of Accurate Claims & Information;
- Improper Referrals and Anti-Kickback prohibitions;
- Improper Relationships and Inducements to Health Care Beneficiaries;
- Emergency Medical Treatment and Labor Act (EMTALA);
- Standards of Care & Medical Necessity;
- Conflicts of Interest;
- Privacy and Security of Health Care information;
- Research and Teaching;
- Employment and Employee Health and Safety laws; and
- Environmental Safety.

These risk areas, and many more are addressed in the Code of Conduct and policies and procedures available to all Hospital Associates in [Policy Manager](#). The Audit and Compliance Team regularly reviews, evaluates and updates its policies and procedures to ensure continued compliance with applicable laws and regulations.

THE CODE OF CONDUCT

The Children's Mercy [Code of Conduct](#) is available in [Policy Manager](#) and briefly sets forth the principles, policies and standards by which Children's Mercy operates its **Clinical Services**, **Business Operation**, **Personnel Services** and **Research and Development** to ensure compliance with all applicable local, state and federal laws and regulations. The laws, regulations and ethical guidelines that govern Children's Mercy are important to know and understand. **Exhibit A**, attached hereto, outlines some of the significant applicable laws and regulations. **Exhibit A** is not intended to serve as a complete or comprehensive summary of all applicable laws.

All Hospital Associates are required to annually review and acknowledge their understanding of the [Code of Conduct](#) and associated policies.

Clinical Services

The mission of Children's Mercy is to improve the health and well-being of children by providing comprehensive family centered care, committing to the highest level of clinical and psychosocial care, and exhibiting research, educational and service excellence. Children's Mercy provides quality care that meets and exceeds all standards including compliance with EMTALA and the protection of the privacy of its patients by following all applicable local, state and federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Business Operations

Children's Mercy follows all applicable laws and regulations to ensure billing and coding of patient services is accurate and maintains all patient records as required by law to ensure access to accurate information. Children's Mercy also complies with the Physician Self-Referral Law, commonly referred to as "Stark" Law and the Anti-Kickback Statute when contracting for services or engaging in business relationships.

Additionally, Children's Mercy will not contract with, employ or bill for services rendered by any individual or entity that (a) is or has been sanctioned, excluded or ineligible to participate in state or federal health care programs; (b) suspended or debarred from state or federal health care contracts; or (c) has been convicted of a criminal offense related to the provision of health care services or items.

Personnel Services

Children's Mercy is committed to the fair and equitable treatment of all employees, without regard to race, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, age, disability, veteran or military status, genetic information, or any other classification prohibited by law. Children's Mercy also strives to provide a safe and healthy workplace.

Research and Development

Children’s Mercy is committed to following all applicable laws, regulations and ethical rules related to research. In addition, all research activities will comply with all billing and contracting requirements, including the Stark Law and the Anti-Kickback Statute.

ELEMENT 2: DESIGNATE A COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE OVERSIGHT

THE CHILDREN’S MERCY COMPLIANCE OFFICER

The Children’s Mercy VP, Audit and Compliance is the Compliance Officer (CO) and Chief Audit Executive (CAE). Therefore, the Audit and Compliance Team report up through this position which maintains an operational reporting relationship directly to the President/CEO, and a functional reporting relationship to the Audit and Compliance Committee of the Board of Directors (“Board Audit and Compliance Committee”). The VP, Audit and Compliance is responsible for:

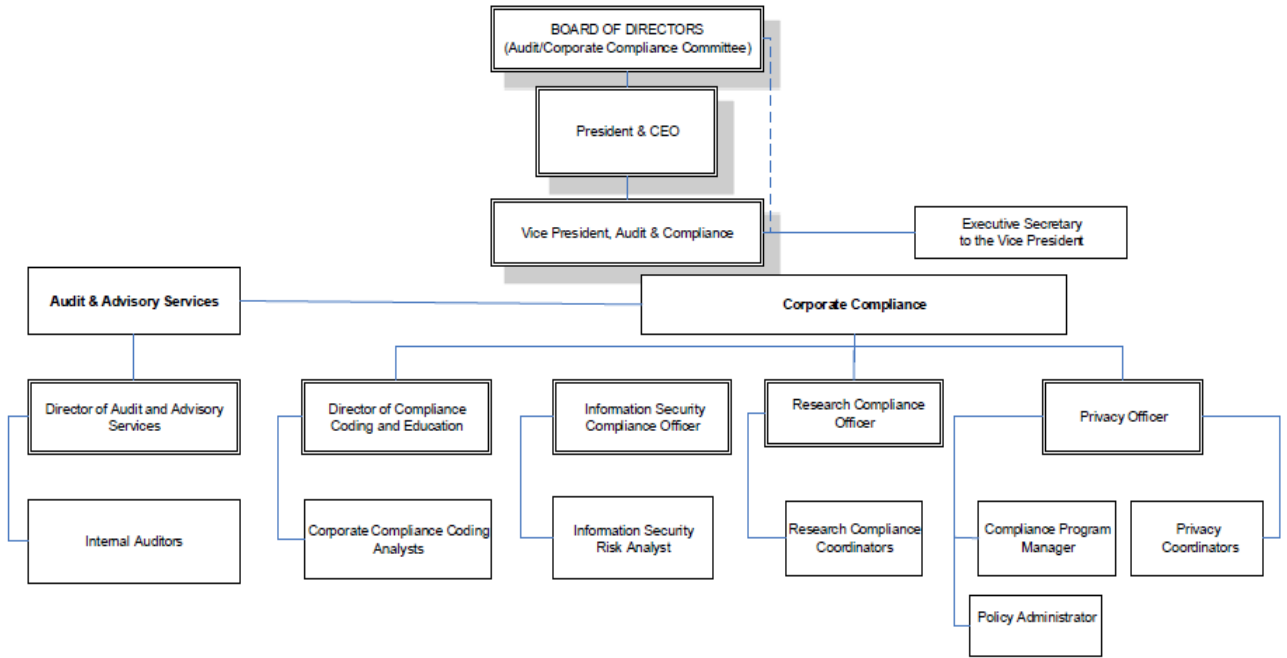
- Maintaining an effective Corporate Compliance Program, including the Compliance Plan, and communicating with the President/CEO, Board Audit and Compliance Committee and others as appropriate regarding the program and plan;
- Maintaining an effective internal audit program that, as an independent appraisal function, examines systems, procedures and internal controls in order to maintain efficient, effective, compliant and cost-sensitive operations in a manner consistent with the Hospital’s mission and those of its related entities;
- Maintaining and supervising a knowledgeable staff to perform the daily operations of the Audit and Compliance Team;
- Reporting to the President / CEO and the Board Audit and Compliance Committee on the activities of the Audit and Compliance Team.

THE CHILDREN’S MERCY AUDIT and COMPLIANCE TEAM

The Children’s Mercy Audit and Compliance Team is committed to building a Culture of Compliance by helping you effectively achieve your business, clinical, research and personnel goals while maintaining compliance. We look for win-win solutions that drive the business forward in a compliant manner without judgment or retaliation.

The Audit and Compliance Team consists of two departments: Compliance Department and Audit and Advisory Services Department. As previously mentioned, the Audit and Compliance Team reports to the VP, Audit and Compliance.

**Children's Mercy Hospitals and Clinics
Corporate Compliance and Audit & Advisory Services
Organizational Chart**



The Audit and Advisory Services Department Areas of Responsibility:

1. Internal Risk Assessment and Auditing
Audit & Advisory Services is responsible for performing internal audits of processes to determine if there are proper controls in place to minimize intentional and/or unintentional risk to Children's Mercy. Audits are conducted to comply with the International Standards for the Professional Practice of Internal Auditing (the Standards) as set forth by the Institute of Internal Auditors.

The Compliance Department Areas of Responsibility:

1. Coding and Education Compliance
Coding and Education Compliance is responsible for monitoring and audit billing activities, including all charging, coding and documentation practices to assure compliance with all appropriate Hospital policies, third party payor contracts and government regulations.

2. Information Security Compliance
Information Security Compliance is responsible for the oversight of the Information Security Compliance Program as defined by regulatory and/or legislative agencies as well as Children's Mercy Administration.

3. Research Compliance
Research Compliance is committed to ensuring that research performed by CMH staff, or at CMH facilities, is done in a manner consistent with regulations and/or policies adopted by CMH.

4. Privacy Compliance
Privacy Compliance is responsible for addressing violations of patient privacy, breaches of patient information, unauthorized access into patient records, loss of patient information, violation of Confidentiality policies, physical privacy safeguards, privacy training, etc.

5. General Compliance
The area of General Compliance includes concerns not addressed in the areas above, such as: conflict of interest, health care sanction checking, fraud and abuse, violation of hospital policies, vendor management, contract review, policy management and mandatory compliance education and training.

EXECUTIVE COMPLIANCE COMMITTEE

The Executive Compliance Committee is an internal executive, strategic advisory committee to the Compliance Program. The primary role of the Committee is to advise and assist the VP, Audit and Compliance and the Audit and Compliance Team as they develop, implement and operate the organization's Compliance Program.

BOARD AUDIT AND COMPLIANCE COMMITTEE

The Board Audit and Compliance Committee is a standing committee of The Children's Mercy Hospital Board of Directors. The Committee's primary function is to assist the Board in fulfilling certain oversight responsibilities related to:

1. The integrity of the Corporation's financial statements;
2. The Corporation's compliance with legal and regulatory requirements;
3. The independent auditor's qualifications and independence;
4. Evaluation of the performance of the Corporation's internal audit function and independent auditors; and
5. Institutional risk assessment and institutional risk management.

ELEMENT 3: CONDUCT EFFECTIVE TRAINING AND EDUCATION

Children's Mercy Compliance Department is committed to providing training opportunities to **EDUCATE** Hospital Associates about applicable laws, regulations and policies as well as evaluating and assisting in project planning to help **PREVENT** non-compliance and avoid later delays by identifying potential issues early on..

TRAINING AND EDUCATION

Children's Mercy is committed to providing complete, effective and relevant training regarding overall compliance, the Compliance Plan, [Code of Conduct](#), [Risk Assessment Process](#) and [Fraud, Waste and Abuse Policy](#) to its Hospital Associates. The [Compliance Education Plan Table](#) is designed to provide formal, targeted and informal education and training to Hospital Associates. Records of participation are maintained for formal mandatory compliance training. Failure to complete training requirements may result in disciplinary action.

New Employee Orientation

Every new Hospital Associate receives introductory training related to compliance on their first day of employment. During orientation, the Hospital Associate will learn about these, and other topics:

- Corporate Compliance Program;
- Employment Policies and Procedures;
- Infection Control;
- Occupational Health and Safety; and
- Service Excellence.

Welcome to CMH Curriculum

After completing New Employee Orientation, Hospital Associates are required to complete additional on-line compliance training within the first thirty (30) days of employment. These compliance topics include:

- HIPAA;
- Anti-Discrimination and Anti-Harassment;
- Workplace Diversity;
- Patient Rights;
- Advance Directives;
- Abuse and Neglect;
- Corporate Compliance;
- Fraud, Waste and Abuse; and
- Information System Security.

Annual Compliance Training

Each year, Hospital Associates are required to participate in Annual Mandatory Education (AME). The Annual Mandatory Education contains modules on Compliance, Code of Conduct, Privacy and Information Security. Content is developed by the Compliance Department and approved by the VP, Audit and Compliance. AME must be complete by the assigned deadline, or the Hospital Associate risks disciplinary action.

Additional Training

The Compliance Department may determine that additional training and education is required or recommended for certain Hospital Associates. This determination may be based on the departmental needs, evolving law, identified risks, audit results, a specific compliance incident or departmental request. The Compliance Department, working with department heads, will determine the type of training and whether the training is mandatory or optional.

The Compliance Department also provides input on education plans and reviews training materials developed by other departments, as requested, to verify content is consistent with applicable legal/regulatory requirements and policies.

COMPLIANCE DEPARTMENT TRAINING/EDUCATION AND POLICIES

The VP, Audit and Compliance is committed to ensuring that the Audit and Compliance Team Members have the opportunity to attend training and education regarding new or revised regulations. The external training and education knowledge is then shared with other members of the Audit and Compliance Team and reviewed for impact on current Hospital policies, procedures and compliance.

ELEMENT 4: DEVELOP EFFECTIVE LINES OF COMMUNICATION

COMMUNICATION METHODS

Children's Mercy is committed to effective, ongoing communication to **DETECT** compliance concerns and **PREVENT** future noncompliance. In addition to training and education opportunities, Hospital Associates have constant access to the Compliance Department and compliance information. The Audit and Compliance Team, including the VP, Audit and Compliance, is available to proactively review new operational areas for potential compliance concerns, clarify policies, provide information regarding regulations, and address questions.

Written Communications from the Audit and Compliance Team

The Audit and Compliance Team provides updates, reminders and new regulatory information through written correspondence such as periodic emails blasts, Daily News Posts, Newsletters and Intranet webpage content to Hospital Associates regarding potential risk areas, areas of focus and opportunities for improvement. This information is usually targeted and ongoing.

Managers and Department Leader Targeted Communications

At Children's Mercy, compliance is demonstrated through communications at all levels of the organization. Managers and department leaders are responsible for communicating the importance of the Compliance Program and ensuring all Hospital Associates have access to the Compliance Plan, [Code of Conduct](#) and all associated policies and procedures. Managers and department leaders keep staff informed of ongoing compliance efforts and opportunities for improvement.

In addition, managers and department leaders work with the Audit and Compliance Team to develop departmental compliance measures and programs that are communicated to members of the department. These departmental compliance measures must be consistent with the overall Compliance Program.

REPORTING CONCERNS

Contacting the Audit and Compliance Team

Health care is a complex industry and often ethical, well-intentioned and hard-working people find themselves facing a compliance or ethical issue and the Audit and Compliance Team can help. Hospital Associates have a responsibility to report any and all good-faith concerns regarding possible or potential non-compliance with applicable laws, regulations, accreditation standards, policies and procedures, the [Code of Conduct](#) or this Compliance Plan through the methods described here. Hospital Associates may also have a duty to report to an external group or agency. Concerns may be reported 24/7.

1. What to Report

This Compliance Plan and [Code of Conduct](#) provide guidance on compliance issues you might face as a Hospital Associate, and additional information can be found in the Compliance Policies and Procedures Manual located in [Policy Manager](#). Common areas of compliance concerns Hospital Associates may encounter include, but are not limited to:

- Conflicts of Interest
- Giving and Receiving Gifts or Incentives
- Privacy, Confidentiality and Data Security
- Billing Inconsistencies
- Research Misconduct
- Inappropriate Referrals
- Fraud, Waste and Abuse
- Substandard Patient Care and Treatment

2. Non-Retaliation for Reporting

Children’s Mercy is committed to open, safe communications and as such, persons who in good-faith report compliance concerns will not be subject to retaliation by Children’s Mercy or its agents because of that good-faith report. The [Reporting Compliance Concerns](#) and the [Non-Retaliation: Prohibition from Reprisal](#) policies outline the process and policy related to reporting compliance concerns and the Hospital’s commitment to non-retaliation for such reporting activity. All Hospital Associates must fully cooperate with any compliance investigation, and shall not be subject to retaliation for such cooperation. Any Hospital Associate who interferes with a compliance investigation or retaliates against someone who reports a potential compliance violation, shall be subject to disciplinary action.

3. Confidentiality & Anonymity

Children’s Mercy encourages all Hospital Associates to report suspected compliance issues and believes that confidentiality is integral to encouraging participation. The Compliance Department keeps reports and investigations confidential to the extent possible, ensuring that only those persons who need to know of the activities have such knowledge. However, confidentiality does not mean that the report will be anonymous.

To the extent possible under the circumstances, the Compliance Department will attempt to maintain the anonymity of the reporting individual – but this is not always possible and is not guaranteed. Sometimes disclosing the identity of the reporting individual is necessary to ensure the health and safety of Children’s Mercy patients, Hospital Associates or the general public.

4. How to Report

Hospital Associates may report potential compliance concerns or compliance issues in many ways, including the following.

a. Through a supervisor

Hospital Associates may report potential compliance concerns to their supervisor and/or manager. This report can be verbal or written. Supervisors and managers are responsible for reporting those concerns to the Audit and Compliance Team.

b. Compliance Hotline: 816-460-1000

The Compliance Hotline was established to allow individuals to ask questions, obtain information and confidentially report potential compliance concerns. During regular business hours, a member of the Audit and Compliance Team will answer the Compliance Hotline whenever possible. When not available, or outside of regular business hours, Hospital Associates may leave a confidential and/or anonymous message following the instructions on the recording. Messages are checked on a regular basis. The Compliance Department maintains a log of all calls to the Hotline and follows up pursuant to policies and procedures.

c. In Person

Hospital Associates can always contact any member of the Compliance Department in-person to ask about compliance issues or report a potential violation. The Compliance Department is also available to attend planning or department meetings and assist with ensuring compliance from the beginning of a project.

d. Email: compliance@cmh.edu

The Compliance Department email is available to request answers to questions, assist with projects or accept reports of concerns. Emails are regularly monitored by the Compliance Department and will be responded to by the following business day. Emails are retained and, when applicable, incorporated into the Compliance Case File if an investigation is opened.

e. Compliance Form

Hospital Associates may report potential compliance concerns using the [Compliance Concern Report Form](#) which can be accessed on the Children's Mercy Scope (Intranet). This allows Hospital Associates to report concerns anonymously if desired.

f. Departing Employees

Children's Mercy provides departing employees, whether departing voluntarily or involuntarily, with the opportunity to address and report any compliance concerns. Each departing employee is provided with the [Corporate Compliance Exit Questionnaire](#) upon departure or the opportunity to access the questionnaire after departure. The responses to the Corporate Compliance Exit Questionnaire are tracked and, when applicable, assigned for investigation and resolution.

5. What Happens After a Report

All Hospital Associates must cooperate with compliance investigations. Hospital Associates cannot avoid disciplinary action for their own misconduct or noncompliance by reporting the issue to the Audit and Compliance Team. Children's Mercy will follow the Conduct and Discipline Policy in determining how to address the misconduct and/or noncompliance of Hospital Associates, including those who report compliance issues. However, no Hospital Associate

will be subject to disciplinary action solely because s/he mistakenly reported what was reasonably and in good-faith believed to be an act of misconduct, noncompliance or violation of the Compliance Plan, Code of Conduct or Children's Mercy policies and procedures. Any Hospital Associate who knowingly or purposely makes a false report or distorts the truth in a report to injure someone else or protect himself/herself shall be subject to disciplinary action, up to and including termination of employment or affiliation with Children's Mercy.

ELEMENT 5: CONDUCT INTERNAL MONITORING AND AUDITING

MONITORING RISK AND OPPORTUNITY

The Audit and Compliance Team, in conjunction with other departments of the Hospital, regularly evaluate the areas of compliance risk for the Hospital and Hospital Associates and identify opportunities to improve compliance.

Annual Risk Assessment

At least annually, the Audit and Compliance Team works with management to perform a risk assessment by reviewing potential areas of risk, prioritizing those risk areas and developing plans to address the identified risks. The assessment focuses on risk both internal and external to the Hospital that may result from new regulations, regulatory guidance such as the [Office of Inspector General \(OIG\) Work Plan](#) and/or regulatory, leadership, organizational or market changes. The results of the risk assessment are the foundation for the development of the annual Compliance Work Plan and Internal Audit Plan as explained below.

Annual Compliance Work Plan

The Compliance Work Plan includes projects that help to ensure Children's Mercy is complying with all applicable laws, rules and regulations as well as internal policies and procedures. Some audits are included on the Compliance Work Plan instead of the Internal Audit Plan (explained below) due to the need for review by subject matter experts in the various areas of compliance.

Annual Internal Audit Plan

The Audit and Advisory Services Department performs the internal audit function for Children's Mercy. Based on the identified and prioritized risks, the audits on the Internal Audit Plan focus on the evaluation of Children's Mercy's internal control environment and the adequacy, efficiency and effectiveness of its supporting processes throughout the organization.

AUDITING RISK AND COMPLIANCE

Audits performed by the Audit and Compliance Team may cover operational, financial, strategic and business processes. The audits may be conducted pursuant to the Compliance Work Plan or Internal Audit Plan as explained above. In addition, the Audit and Compliance Team may conduct audits based on identified areas of noncompliance and reports of potential compliance violations. These audits may be conducted in conjunction with a Compliance investigation.

Audit procedures include, but are not limited to creating and analyzing reports, reviewing statistically valid random samples of cases, interviews and trend analysis, among other techniques.

Audits sometimes result in ongoing monitoring of processes to help ensure compliance. Hospital Associates must cooperate and comply with all auditing activities and provide any requested information quickly and accurately.

ELEMENT 6: ENFORCE STANDARDS THROUGH WELL-PUBLICIZED DISCIPLINARY GUIDELINES

Children's Mercy is committed to ensuring compliance throughout the organization, and consistently enforces its policies and procedures and administers disciplinary action for failure to comply with the law, the Code of Conduct, Compliance Plan and the Hospital's policies and procedures to **PREVENT** future noncompliance. All Hospital Associates involved in verified misconduct will be subject to disciplinary action, up to and including termination of employment.

Failure to fulfill Compliance Training

Children's Mercy requires all Hospital Associates to complete compliance training and attest to receipt and knowledge of the Code of Conduct, as explained in the Element 3 above. If a Hospital Associate fails to complete the required training within the specified timeframe, the Hospital Associate will receive disciplinary action consistent with the then current Hospital policies and procedures.

Other Violations of Law, the Code of Conduct, Compliance Plan or Hospital Policies/Procedures

Hospital Associates who violate laws, regulations, accreditation standards, the Code of Conduct, the Compliance Plan or any Hospital policies and procedures, as well as those Hospital Associates who know of and fail or refuse to report such violations, are subject to disciplinary action. In addition, Hospital Associates who interfere with or refuse to cooperate with compliance investigations; who knowingly make false or misleading compliance reports; or who retaliate against anyone who reports a compliance issue are subject to disciplinary action.

The department director and/or supervisor in consultation with Employee Relations and the Compliance Departments, has primary responsibility for employee discipline. Disciplinary actions for compliance violations can include, but are not limited to, the following items:

- Mandatory education and training;
- Written warning;
- Suspension of privileges and/or affiliation;
- Suspension of employment; and
- Termination of employment.

These disciplinary actions can and will be utilized based on the seriousness of the violation and Children's Mercy is not required to institute a less serious disciplinary action prior to a more serious disciplinary action.

ELEMENT 7: RESPOND PROMPTLY TO DETECTED OFFENSES, THROUGH INVESTIGATIONS AND CORRECTIVE ACTIONS

The Audit and Compliance Team may become aware of potential compliance concerns through reports or through usual monitoring and auditing activities. As explained below, compliance concerns will be investigated and **CORRECTED** by the Compliance Department, with support and assistance from the Office of General Counsel and other departments and leaders as needed. See the [Resolution of Compliance Concerns Policy](#) for additional information.

Investigating Potential Compliance Violations

The Compliance Department will evaluate each report or results from monitoring/auditing activities to determine if a potential compliance violation exists. If a potential compliance violation is reported, an investigation will occur. Investigations will begin as soon as practical and may be conducted by the Compliance Department, or by external persons, including legal counsel. All compliance investigations will be conducted in an unbiased manner as confidentially as possible and involve only necessary persons. All Hospital Associates have a duty to cooperate with investigations, whether conducted internally or externally.

The compliance investigation may include, but not be limited to, some of the following activities:

- Interviews:
 - This could include interviews of the people or persons who made a report, members of the department, patients/families, or witnesses to activities or statements.
- Audits and/or Reports:
 - This could include review of logs related to viewing of certain records; billing and coding logs; entry logs; login/logout reports; and many others.
- Reviewing Relevant Records and/or Documents, including Medical Records:
 - Review of medical records will be limited to relevant information and to the minimum level necessary to achieve the necessary purpose.
- Reviewing Video/Audio:
 - Any available surveillance video or audio footage may be reviewed.

During the investigation process, the Compliance Department will generally not notify the person who reported a potential violation, or anyone else outside the Compliance Department about the status of the investigation. At the conclusion of a compliance investigation, the Compliance Department will notify the appropriate Hospital Associates regarding the outcome. Compliance investigation will be conducted with support by legal counsel as needed and will be reported to the Executive Compliance Committee and Board of Directors as appropriate.

Taking Corrective Action

Children's Mercy does not tolerate illegal conduct or any knowing, intentional or willful noncompliance with local, state or federal laws or regulations, accreditation requirements or Children's Mercy policies and procedures. In the event of noncompliant activity, corrective

actions may occur before or after an investigation, or without conducting an investigation. The Compliance Department may obtain support from legal counsel and other Hospital departments in creating and instituting a corrective action plan.

Corrective action plans take into account the root cause of the noncompliance and are designed to correct existing noncompliance, mitigate current and potential risk and prevent future noncompliance. Corrective actions can include, but are not limited to, the following activities:

- Stopping the noncompliant activity;
- Repaying any overpayments;
- Creating new processes;
- Reporting the activity to the appropriate government or oversight authority;
- Education and training;
- Disciplinary action; and
- Ongoing Monitoring.

SUMMARY

Compliance is everyone's responsibility. Hospital Associates are the first line of defense in preventing non-compliance. This requires that Hospital Associates have familiarity with regulations, policies and procedures that govern our work.

Only with the commitment of all Hospital Associates and vendors can we ensure our compliance with the myriad of laws and regulations that impact us. Please share your commitment with those around you and don't hesitate to contact the appropriate people with questions. They are there to assist you with understanding the rules and provide guidance on their implementation.